JOURNAL OF PRACTICAL MEDICINE

EXPERIENCE IS BETTER THAN MUCH THEORY

THE MEDICINE PUBLISHING CO
LOWELL, MASSACHUSETTS

50 CENTS A YEAR | 3 YEARS SUBSCRIPTION $1.00 | 5 CENTS A COPY

Contents.

ORIGINAL COMMUNICATIONS.

ALBUMEN IN THE URINE.

Chronic inflammation of the kidneys, says Dr. Black in *The Healthy Home*, is the cause of many more deaths than is generally known. Its detection by the physician is not always as easy as is commonly supposed. Formerly most every physician thought he could easily detect this disease by an examination of the urine. One thing depended upon to determine whether or not the disease existed was the presence of albumen. If after a few chemical examinations of the water the physician found no albumen, he generally concluded and announced to his patient that there was no kidney disease. On the other hand, when he found it in several specimens he was most positive that the patient had Bright's disease. While, as a rule, a disease based upon the above premises might be correct, it is a fact that these signs are not always to be depended upon.

Persons passing albumen are not always severely sick or in immediate danger of death. It may be passed when it is impossible to detect any disease, and in fact when the health and strength are not in any way impaired.

Dr. Saumby in the "International Medical Annual" affirmed that albuminuria might exist where there was perfect health. Although he published good reasons for making this statement, it was not generally accepted until further examinations along this line proved his statement to be true. Keep in mind at all times that the presence of albumen in the urine is strong presumptive evidence of kidney disease, but this paper is to impress upon the minds of patients who know that they pass albumen that this is not in itself a sure indication that they are doomed to an early death.

Persons with albuminuria often learn to examine their urine, thinking that in this way they can determine whether or not they are getting better or worse by the amount of cloud which exhibits itself under their examination. They should know that the amount of albumen in the water is of no value whatever in determining the amount of destruction that is taking place in the substance of the kidney.

Thus, while it has been demonstrated that albuminuria does not always prove the existence of Bright's disease, it is also as well known that the disease may exist without the presence in the water of any albumen whatever. This is contrary to the opinion entertained by the medical profession for many years. As a result of not understanding this matter thousands have been destroyed by chronic Bright's disease, while its presence was never detected.

Dr. C. A. Tuttle, an eminent physician of New Haven, Conn., recently said in a paper read before the New York State Medical Association: "I believe chronic Bright's disease is more often overlooked by the physician than any other common disease. All advanced physicians today entertain the same opinion."

"I'm afraid I have lost a patient," said the young physician who realizes the value of making an impression.

"Didn't you know what remedy to prescribe?"

"Perfectly. That part of it was simple enough, but I couldn't think of the Latin for 'mustard plaster.'"

THERAPEUTICS OF UROTROPINE.

The important place which urotropine has attained in genito-urinary surgery is exemplified by the fact that it was made the subject of a special paper by Dr. E. L. Keyes, of New York (*Philadelphia Medical Journal*), at the recent meeting of the American Congress of Physicians and Surgeons. Among the instructive cases reported by the distinguished author, there was one of persistent anuria following external urethrotomy which was at once relieved by the use of the drug, the symptoms again appearing when it was discontinued. Dr. Keyes always uses urotropine when urinary chill is present or is threatened, and it appears to be almost a specific in acute catarrhal pyelitis. Large doses may be necessary at first, these being followed by long-continued smaller doses. As a prophylactic against urinary chill urotropine is highly recommended. Attention is called by the author to the fact that in some instances the drug caused dysuria, or that urine passed during its administration had an irritating effect on wounds with which it came in contact. This, it seems to us, is only likely to occur under the use of very large doses, and especially where the patient does not receive an adequate amount of water, so that the urine becomes highly concentrated. Dr. Keyes, however, instances a case of enlarged prostate in which 67½ grains were given daily for months, and the patient rendered perfectly comfortable. According to Nicolaier, who has made the most thorough experimental and clinical study of urotropine, a daily amount of 15 to 22 grains is usually sufficient to obtain the desired therapeutic effect, and he advises that each dose should be dissolved in at least one-half pint of water. If larger doses are employed, the quantity of water should be correspondingly increased.

The utility of urotropine in genito-urinary surgery is well summed up by Dr. W. T. Belfield (*Progressive Medicine*, Dec. 1, 1899), in the following statement: "Urotropine is of extreme value to the surgeon, also, giving him the ability to secure, before and after operative measures, that ardently sought 'asepsis of the urinary tract' hitherto usually unattainable. The drug should be administered for several days before and after every operation upon an infected urinary tract."

WINTER CLOTHING.

With the coming of December every one thinks of winter clothing, and as a clothing we all believe in wool. Undoubtedly, as the saying goes, "there is nothing to beat it." A man clothed in wool is far nearer to the condition of the natural monkey with whom he is said to have such affinities than when dressed in any other garb, even than when got up in furs or in the homely sheepskin. The trouble is that wool is difficult to wash and very difficult indeed to sterilize without deterioration, whereas cotton and linen can be made not only to look clean, but to be really clean by the simple process of putting it in a copper and boiling it. If one inquires how woolen underclothing is dealt with by the ordinary laundress, one finds that it is washed in warm water, well lathered with soap, and rapidly dried, preferably upon some form of stretcher, the aim being not entirely cleanliness, but the avoidance of the shrinkage which is apt

to take place if it be left long in water and of the "going hard" which occurs if the fabric is boiled. The process is definitely laborious and one that the poor find too tedious and expensive to be indulged in more frequently than is absolutely necessary. Hence, no doubt, what a contemporary calls the "dreadful smell of humanity" which characterizes a British crowd, for Great Britain of all countries in the world is the one whose inhabitants most affect woolen cloth.—*Hospital.*

THE PHYSICIAN THE NATION'S GUARDIAN.

He stands, the guardian of humankind,
Amid the battle plains of dark disease;
With soothing balm to heal the lame and blind,
And power to give the wounded blessed ease.

A soldier dying lay upon the field,
His white lips moving in a faint-breathed prayer;
When, lo, a pitying spirit by him kneeled,
And dressed the wounds with skilled and tender care.

And one, who else had died, returned to one
Who watched and waited many a weary day,
In pain and anguish, for the soldier son—
Lost to her heart amid the battle fray.

He came alive and strong to mother, wife,
And holy little children, sweet and fair;
And in God's book an angel wrote: "A life,
Saved by a brave physician's timely care."

A mother languishes on painful bed,
And death is hovering o'er her dark and cold.
But, lo, one comes with firm and gentle tread,
And strikes away the death-king's eager hold.

And twain arise at last—another life
To give to God—its beauty and its prayer—
A link to bind more closely man and wife—
Another victory the physician's share.

A plague is spreading o'er sunny land
And striking human forms with fever low;
Fear is the watchword now on every hand,
And parched lips moan faint in hopeless woe.

Hark! Through the silence breaks a welcome sound,—
A footstep that is springing, firm, and true.
And hope spreads snowy wings, and hearts rebound,
And souls are strengthened in their prayers anew.

Beside the stricken the physician stands.
He comes with guards against the tainted air,
And life and peace within his outstretched hands,
And bravery of heart to do and dare.

Now, once again, the land blooms fair and free,
And health and hope are banners wide unfurled.
The nation's greatest higher honor see
Than theirs upon the guardian of the world.

Though storms may sweep throughout the universe,
And wound and kill and ravage wild and wide,
He, still courageous, mitigates the curse,
And guards his nation as he would a bride.

Oh, nation, to him low in homage bend.
God bless the brave physician. Who but he
Lives all forgetful of a selfish end,
And strikes till death for Life and Liberty?

J. Cheston King, in the Virginia Medical Semi-Monthly.

SECUNDUM NATURAM.

Old Doctor X. is dead; he's now
Within the realms of joy,
Where aches and quakes and ills and chills,
And powders, pastes, and sugar pills,
And—yes, ah, yes—long unpaid bills
Can never more annoy!

He's paid to earth his mortal debt,
He lived to fight disease,
Whose fierce assaults, with all his might,
(Hydrargyrum Chloridum mite
And fiercer salts), he put to flight
His enemy with ease.

He fought his foes 'gainst heavy odds
And many battles won;
With blue-mass pills he made attack
And reinforced with ipecac,
And, oh, the hosts he's driven back
With small, hard rubber gun!

Old Dr. X. is dead; there is
No longer doubt of that.
Alas, no potions more he'll mix,
No compound fractures more he'll fix,
For Dr. X. has crossed the Styx!
IN PACE REQUIESCAT!!

J. Lee Hagadorn, Southern California Practitioner.

Considerable success in the treatment of gastric fermentation has been achieved by the use of bismuth subgallate. The drug acts as an antiseptic and is non-irritant.—*Medical Summary.*

SEASICKNESS.

Seasickness is a generic term, says Dr. Busdraghi, applied to a pathologic state which ensues when a sea voyage is taken by some individuals. It is characterized by dizziness, vomiting, and general disorder of the organism. Many terrestrial animals, such as horses, oxen, elephants, monkeys, sheep, dogs, hogs, etc., also suffer from this disease on sea voyages. Many theories have been advanced in explanation of the disease. Dr. Graily Hewitt succeeded in producing symptoms of the disease by letting individuals swing before an oscillating looking-glass. He concluded from this experiment that the disease is due to a disorder of the visual apparatus. The truth of this theory, plausible though it may be, is shaken by the observation of clinicians that blind men suffer with the disease as well as those with normal vision, as do *voyageurs* while sleeping.

An individual starting upon a sea voyage, thinking of the probable dangers that threaten him, enters into a state of excitation and exhilaration, so different is the life which he is about to enter from the tranquil and placid existence which he has been leading before this voyage. This state of excitation does not even spare the tried seamen, who all are superstitious to a marked degree, as we may judge from the amulets, etc., which they wear preparatory to taking a sea voyage. Among the various forms of neurasthenia there is one called agarophobia, in consequence of which individuals can walk along a street without any ill effects, but, strange to say, they are obliged to shun open squares. The effect produced upon the visual apparatus by the open sea, the excitement of the individual, and the solar reflex or brilliant light, etc., all combine to produce seasickness. The sense of smell and also the sense of hearing are affected in seasickness, as it is often noted that individuals suffering with seasickness complain of the noise made by the engines and screws, and attribute to these noises their complaints. The sense of smell is sometimes a factor in the cause of this disease, and many persons cannot approach the kitchen because of the odors which emanate therefrom. Many cannot remain in the dining-room, and in some cases the odor of salt water causes dizziness and vomiting. The same thing may be said of the effects of heat and cold.

Another factor in the production of seasickness is the disturbance in the natural equilibrium of the body. Thus alternate anemia and hyperemia of the brain is produced in individuals on board ship. This effect of disturbance of the equilibrium of the body is seen in the liver particularly, because it is a large viscus, and it is oscillated by the constant jerking of the ship. The stomach, particularly after a meal, the spleen, the bowels, the bladder, the diaphragm, the heart, etc., all are disturbed by the oscillation of the ship.

Another cause of seasickness is to be found in the atmospheric conditions which even influence the temperament of people when on shore, making them nervous and excitable at times. The direction of the wind, the clouding of the sky, are all conditions that play a part in the production of this disease.

We must now say something about

the treatment of this disease. Many have tried to solve this problem—i.e., the finding of a sovereign remedy for this disease. Nearly all the remedies that are used in the treatment of this disease are purely given for empirical reasons, without any foundation for a scientifically indicated drug. Many efforts have been made to prevent the occurrence of this disease; for instance, the idea has been utilized of making the interior of the ship as much like the scenes on shore as possible, by painting the walls of the cabin to represent houses, by placing fountains in the center of the room, etc. Another innovation that has been introduced is to have music and dancing on board, so that an agreeable effect is produced upon the ear, etc. In order to take away the undulatory effects produced by the moving vessel, it has been proposed to build the ships of greater length. The royal apartments on the yacht of the Queen of England are suspended in three hundred concentric hoops, and the movement of the ship is thereby not noticed by the passengers. As for the use of drugs in this condition, we must treat the cases symptomatically. For those with torpid livers and for those who are constipated a purge is indicated. Give the bromides to the hysterical; tonics and iron to anemics and chlorotics; a careful diet to those with gastric disorders. A contrivance devised by the English physician Wollaston is useful on short trips—i.e., an apparatus fitting around the abdomen, and in that way checking the swinging of the abdominal viscera. On long voyages, however, this device does no good, for the intestines accommodate themselves in their confined position and become as much shaken up as if there were no abdominal supporter worn.— *Western Medical Journal.*

"The Autocratic Doctor."

The following lines, taken from the *Practitioner*, are by a well-known actor, who has been under the care of Dr. Walther, of Nordrach. They give a vivid picture of the treatment at that place from the patient's point of view:

I.

When you've swallowed Scott's Emulsion by the gallon or the jug,
When you've finished iodinin' of your back,
Will you kindly drop your sputum in my little china mug
And send it to a party at Nordrach?
He's an autocratic doctor with a rough and ready tongue,
But Tubercular Bacilli can't abide him;
And the patient finds him busy wiping something off his lung
By cramming lots of little things inside him.

Raw meat, cooked meat, meat of a hundred kinds;
Fifty chronics at table, striving to eat their lunch,
Each of them doing his level best to swallow the skins and rinds.
Pass your plate for your credit's sake, and munch, munch, munch!

II.

There are some who "pouch" in secret, asking no permission to,
For they know they wouldn't get it if they did,
Scraps of cheese, and bits of lobster, lumps of meat they couldn't chew,
And a rather more than "gamey" piece of kid.
And having been so, so casual, they feel sorry when they're gone
(For the autocratic doctor's sure to out 'em).
When their lungs are going dicky, with the winter coming on,
They'll miss the bloke who understood about 'em.
Cooked food, raw food, plenty of milk and rest,
Quarter 'o pound of butter, *Schwarzbrod* by the hunch.
Each of 'em tryin' to raise his weight and widen his girth and chest.
Pass your plate for your credit's sake, and munch, munch, munch!

—*Medical Times.*

WHOOPING-COUGH.

Dr. J. Madison Taylor calls attention to the value of a remedy to relieve and check the paroxysm which may be safely applied by the mother or nurse. This consists of a mixture of:

℞ Amyl-nitrite . . . . . 3 ½
Spt. of chloroform 3 3
Ether sulph. 3 5
M. Sig.—A few drops on a handkerchief and held to the nose during "lock-spasm."—*Medical Summary.*

Equal quantities of the bromides of soda, ammonium, and potassium were used in sixty test institution cases. The results, considered from all standpoints, were better than with any of the means thus far referred to. The severity and duration of the paroxysms were especially influenced. The number of seizures was practically unchanged. From 12 to 16 grains in twenty-four hours were given to a child one year of age. When given in syrup of raspberry on a full stomach or with plenty of water there is very little disturbance attending its use. For a child two years of age 16 to 24 grains may be given daily.—*Archives of Pediatrics.*

EROSIONS OF THE CERVIX UTERI.

I do not consider erosions the innocent or simple affairs which many, I am sure, do. I believe that they have a marked influence upon the nervous system of delicate women, and that something should be done for their relief. In order to attain better results than I can by applications, and in many cases by attention to the general health, I am more and more inclined to treat these cases by operation.—*F. H. Davenport, in Boston Med. and Surg. Jour.*

ANGER A DISEASE.

Anger serves the unhappy mortal who indulges in it much the same as intoxicants constantly taken do the inebriate. It grows into a sort of disease which has various and terrible results. Sir Richard Quain said, not long ago: "He is very rich indeed in physical power who can afford to be angry." This is true. Every time a man becomes "white" or red with anger, he is in danger of his life. The heart and brain are the organs most affected when fits of passion are indulged in. Not only does anger cause partial paralysis of the small blood-vessels, but the heart's action becomes intermittent; that is, every now and then it drops a beat —much the same thing as is experienced by excessive smokers.—*Health Review.*

ONLY A DOCTOR.

"Concerned with the body's ills and maims,
But witless of art and poesy,
And lost to the spirit's finer aims."

You waived the pleasure and wooed the strife;
Thorns, not roses, have made your bed,
You longed for the lovely side of life,
And fought with the terrible instead—

Longed sore, but never had time to give,
"Till now it is too late," you say.
So be it. Why, man, the life you live
Is one long poem from day to day.

Rhodes, in London Lancet.

The Back Bay district of Boston, an area a mile long by one-third of a mile wide, contains, according to an exchange, four hundred and one physicians and surgeons and one hundred and nine dentists. Of the doctors, two hundred and seventy-one have some specialty. The population of the district is twenty thousand. This gives a doctor for every fifty people.—*Medical Times.*

THE BEST STERILIZER.

In the opinion of a writer in the *Dietetic and Hygienic Gazette*, "one of the simplest, cheapest, and best sterilizers is sunshine, and it is important to allow as much sun in a sick-room as possible. The same rule is applicable to the rooms of healthy people. The good effects of 'sun bathing' in the treatment of convalescents is ample proof of the utility of the rays of the sun for therapeutic purposes.

"Every one knows that the so-called 'morning headache' is chiefly due to breathing an excess of carbonic acid gas in a close room during the night, and many a seidlitz powder or unnecessary dose of bromide is swallowed into a patient stomach simply because nature craves for oxygen. The most rational point would be out-of-door exercise and inhalation of fresh air. I do not wish to be understood as demanding that a case of pneumonia must be taken into the street and given an air bath."

MILK FOR DIABETES.

Dr. R. T. Williamson suggested the following method of preparing for diabetic patients an artificial milk practically free from milk-sugar: "To about a pint of water, placed in a large drinking-pot or tall vessel, about two or three tablespoonfuls of fresh cream are added and well mixed. The mixture is allowed to stand for twelve or twenty-four hours, when most of the fatty matter of the cream floats on top; it can be skimmed off with a teaspoon easily, and on examination it will be found practically free from sugar. (The milk remains dissolved in the water.) This fatty matter thus separated is placed in a glass and mixed with water. Then the white of an egg is added and the mixture well stirred. The water and white of the egg are added in sufficient quantities to make a mixture which has the exact color and consistence of ordinary milk. If a little salt and a trace of saccharin be added, a palatable drink is obtained, which has almost the same taste as milk and which contains a large amount of fatty material and is practically free from milk-sugar. With very little practise the right proportions can be easily guessed, and of course much larger quantities than those mentioned can be prepared.—*Medical Chronicle.*

INCREASE OF CANCER IN GREAT BRITAIN.

The assertion that the increase in the deaths from cancer in Great Britain is more apparent than real, owing to a variety of causes, has been advanced frequently of late by those who distrust statistics. This may be and probably is the case to a certain extent, but to contend that cancer has exhibited no increase is wilfully to ignore incontrovertible facts. *The Lancet*, referring to the matter, has this to say: "Perfectly accurate figures show that the registered mortality from malignant disease in England and Wales has at least doubled within the last fifty years. Among males, indeed, there has been an uninterrupted increase from 19.5 per million of the male population to 57.1 per million in the latter years of the last century." No verbal juggling or explanations can do away with the significance of these figures, and the quibblers must allow that, while admitting that an exaggerated view is taken of the greater prevalence of cancer by some. The

truth is plain that there has been a very considerable increase of malignant disease both in this country and Great Britain.—*Medical Record.*

AN ADDRESS ON ACIDITY.

J. F. Goodhart believes that all the clinical forms of acidity, says *The Lancet*, are due simply to uric acid excess. This acid should be regarded as an ash common to the various metabolic processes going on in the body. The causes of the condition which presents itself for treatment include visceral sluggishness from nervous exhaustion, an hereditary condition which works itself out in gouty attacks, a sudden shock, an exhausting illness, an early defect of the kidney, or a primary manifestation of advancing age. The author finds that many persons who try to remove their acid tendencies by strict adherence to a vegetable diet will find far quicker relief from a diet containing a generous allowance of beef and mutton and less vegetable matter. The article is written in an attractive vein, and is a protest against wholesale dietetic rules without reference to the problems in each individual case.

ARSENIC.

Arsenic holds a place as a tonic second to none. It is our most effective agent in pernicious anemia, when the alimentary tract has been rendered clean and empty; it clears out the obstinate little malarial plasmodia when even quinine fails; it is the best of tonics for a degenerating heart, as it seems to improve the nutrition of this organ above all other remedies; it is essential in the management of inveterate neuralgias and neuroses; and in its various combinations, the iodide, bromide, sulphide, arsenious acid, the arsenates of strychnine, iron, antimony, caffeine, sodium, and copper arsenite, it covers a multitude of indications. In general, it is a remedy for chronic ailments, obstinate maladies with impaired blood, and in nutrition of the nervous centers, or parenchymatous degenerations of the organs.—*Alkaloidal Clinic.*

SNOW BLINDNESS.

According to the statements of a former resident in the Klondyke, the inhabitants of that region suffer much from snow blindness. Dark glasses seem to be of no value in the way of prophylaxis. That which afforded the most protection was wooden goggles, the patterns for which were taken from those worn by the Indians. These were whittled out of a piece of wood, fitting closely around the eyes, and with no glasses at all; but in the place of glasses were very small openings to see through, the inside being colored black. A projection like the visor of a cap extended over them, which was also colored black on the under side to shade the eyes.—*Ophthalmic Record.*

TEETHING.

Irritation from non-advancing teeth occurs because the normally flinty teeth, to which the soft gums can offer no practical resistance, are suffering from lack of nutrition. While the gum lancet gives temporary relief, yet it transforms normal into cicatricial tissue. In place thereof Dr. Wallen recommends correcting any faulty conditions in the infants' alimentary tract and placing upon a

mixture of the calcic salts, approximating the proportions as nearly as possible to those found in the teeth. For example:

℞ Calcium phosphate, 2 parts.
Calcium carbonate, 3 parts.
Sodium phosphate, 1 part.

M. Triturate to an impalpable powder.

Sig.—Three to four grains or more, with other food, three or four times a day for a week; then once a day, *pro re nata.*

In anemic children a trace of ferric phosphate is added.—*Richmond Journal of Practise.*

WHEN TO GIVE OPIUM IN DIARRHEA OF YOUNG CHILDREN.

It is contra-indicated: (1) In the first stage of acute diarrhea, before the intestinal canal has been cleared of decomposing matter; (2) when the passages are infrequent and of bad odor; (3) when there is a high temperature or cerebral symptoms are present; (4) when its use is followed by an elevation of temperature or the passages become more offensive.

It is indicated: (1) When the passages are frequent, with pain; (2) when the passages are large and watery; (3) in dysenteric diarrhea, together with castor-oil or a saline; (4) in later stages with small, frequent food, and the bowels act as soon as food is taken into them.—*Crandall (North Carolina Medical Journal).*

Congress has appropriated over one million dollars for the purchase of land and the erection of new buildings as a government hospital.

HEADACHES.

The treatment of the paroxysmal uric-acid headache is the clearing of all available uric acid from the body and blood, and this is accomplished by: (1) Avoiding food or drinks which contain uric acid or xanthin; (2) not taking more nitrogenous food than physiology requires; (3) clearing out stores of uric acid already in the body from neglect of (1) and (2). (1) Means the avoidance of all animal foods except milk and cheese, and of certain vegetable substances rich in alkaloids (as tea, coffee, etc.); (2) means taking enough albumin to produce from 3 to 3.5 grains of urea for each pound of body weight per day, but not more; (3) is generally sufficiently provided for by the change of diet, but occasionally it is necessary to give a course or courses of salicylates to aid elimination.—*The British Medical Journal.*

CARBOLIC ACID EXPLODES.

How many times have druggists been warned not to attempt to liquefy a bottle of carbolic acid by placing it upon the stove, and how many disastrous results have come from disregard of this warning? One of the most lamentable instances of this nature, however, has just been reported. A clerk in a Texas drug store placed a can of carbolic acid upon the stove, leaving the cork out, thinking that this would be sufficient vent for the liberation of vapors caused by expansion under heat. Attempting to remove the can from the stove, it exploded, and the clerk, inhaling a large quantity of the vaporized acid, died within a few minutes. —*Era.*

THE GRAPE CURE.

Gazeta Medica Lombarda contains an account of the grape cure. This method of treatment is recommended by Dujardin-Beaumetz and others for cases of dyspepsia, especially when accompanied by constipation and in the gouty. It is also valuable in chronic diarrhea of dysenteric origin, and Tissot tells a story of a regiment of soldiers decimated by dysentery, which vanished in a marvelous manner on encamping among vineyards full of ripe grapes. Chronic cystitis is benefited by the alkaline carbonates developed by the vegetable acids of the fruit, but in such cases care must be taken that the grapes are not sour. Cardiac affections are relieved by the laxative and diuretic action, while almost all patients are benefited by the fresh air, exercise, and early rising which the rules of the "cure" involve. Grapes grown on volcanic soil are said to have a more markedly stimulant and diuretic action than others. As to the amount, Dujardin-Beaumetz recommends patients to take as much as they possibly can without exciting disgust, while others advise a gradual increase to a daily maximum of four kilos. The duration of the cure is one to three months.—*Medical Magazine.*

A SINGLE REQUISITION FOR MEDICINE.

The Army and Navy Journal gives the items of a single requisition of the medical officer at Manila for medical and surgical supplies: 7,500,000 grains of quinine, 20 tons of Epsom salts, 5,000 bottles of paregoric, 3,000 bottles of iodoform dressing, 8,000 bottles of collodium, 5,000 bottles of chloroform, 2,500 tins of ether, 16,000 bottles of bismuth, 7,000 bottles of alcohol, 10,000 quart bottles of whisky, and 12,000 yards of plaster. There were also 600,000 compound cathartic pills, 1,000,000 tablets of strychnine, 1,600,000 tablets of sodium salicylate, 625,000 tablets of salol. Of surgical dressings there were 50,000 yards of plain gauze, 5,000 yards of unbleached muslin, 50,000 sterilized bandages, 4,000 pounds of absorbent cotton, and 96,000 roller bandages.

DIET AS A METHOD OF DIAGNOSIS.

Spivak speaks of the necessity for detective ability *a la* Sherlock Holmes in the physician, especially as regards the diet. He concludes as follows: 1. Every patient suffering from gastro-intestinal troubles should be interrogated in the minutiæ of his diet and its probable relation to the disease. 2. Since, as a rule, the answers are not satisfactory, therefore diet tests should be instituted for as long a period as may be necessary to elicit all the required data. 3. Impress on your patient the fact that it is impossible to make a snap diagnosis. You may at the first visit suppose, guess, surmise, suspect, and presume as to the nature of the malady, but it will be for his benefit to wait patiently until you have ascertained the cause of his trouble.—*Philadelphia Medical Journal.*

The International Journal of Surgery says: When you have blood upon your hands, first wash them in pure water. Using soap at first is a mistake, as soapy water does not dissolve blood rapidly. Clear water and a nail-brush should come first, soap next.

THE EFFECT OF CODEINE.

The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the *Journal A. M. A.* (Dec. 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with one of the coal-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives, and one of special value in bronchial affections, is that the patients not only cough less, but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well-merited sanction.

SPEAKER HENDERSON'S NEW ARTIFICIAL LEG.

The *Boston Evening Transcript* of the 16th says: "Speaker D. B. Henderson, of the House of Representatives, left New York last night for Washington, taking with him a new artificial leg." As is well known, the Speaker lost one of his legs at the battle of Corinth. His new one is the fourth since the calamity, and the first one he has been able to use without also carrying a cane. It is light and pliable, and provided with artificial knee-joint and rubber foot. This one, we are informed, was made by A. A. Marks, of New York. It is our experience that the legs made by Mr. Marks not only are more comfortable and wear longer, but are wonderfully useful, yet simple. By their use men are enabled to carry on their regular business about as well as those whose leg has never been injured. We have seen a man skating, and doing it well, who used them.

DIETING IN PREGNANCY.

In contracted pelvis and other conditions in which it is desired to keep down the size of the fetus, Dr. Bedford Fenwick, in the *Medical Times and Hospital Gazette*, advocates rigid dieting with restriction of starches, sugars, and fluids. The following is an example of the dietary followed: For breakfast, a small cup of tea or coffee, an egg, and two slices of toast. For lunch, any kind of meat, game, or fish, green vegetables, one slice of toast or a dry biscuit, cheese, one wineglassful of wine, milk, or any other fluid, excepting malt liquors. At afternoon tea, a small cupful of tea or coffee, with one slice of bread and butter, or cake. For dinner, the same as for luncheon.—*Record.*

Says the *Youth's Companion*: "A ruthless commentator of King James's time remarked that if Nature had meant man to smoke, snuff, and chew, she would have built his skull like a chimney, inverted his nose for a dust-basket, and deepened his jaw for a cesspool."

Practical Medicine

VOL. XI LOWELL, MASS., OCTOBER, 1900 No. 6

THE TREATMENT OF VESICAL IRRITABILITY, WITH CLINICAL REPORTS.

By MILTON P. CREEL, M.D., Surgeon I. C. Railway, Surgeon L. & N. Railway, Member American Medical Association, Member National Association Railway Surgeons, Member Mississippi Valley Medical Association, Member Tri-State Medical Association, Secretary Muhlenberg County Board of Health, Referee for Muhlenberg for Kentucky State Board of Health, Member United States Board of Pension Examiners, Member Southern Kentucky Medical Society, etc., Central City, Ky.

Written for Practical Medicine.

PERHAPS there is no more troublesome disorder than vesical irritability. Irritability of the bladder is symptomatic of subacute systitis, of the uric acid diathesis, and other vesical and systematic affections. These patients come to the physician imploring his assistance, and when one considers the factors at work in these cases to make life miserable he can readily understand how great the anxiety for relief really is.

In order to overcome this condition we must depend upon the regular administration of such a remedy as will exert a curative action on the inflamed bladder, and then the uric acid formation must be limited, and it must be neutralized as far as that is possible.

In relieving the irritability of the bladder we have for a long time depended upon buchu. But it is very true that buchu not only fails to bring about good results in some cases, but it actually produces irritation sometimes. This has been manifest a great many times in the cases I have treated. For this reason I do not now give buchu at all. The alkaline diuretics are also given for this purpose, but to my mind these agents are of very doubtful utility. Of course, by making the urine alkaline they lessen to a great extent the vesical irritability, but that this effects substantially good results is not what I am willing to affirm. Conversely, however, I am morally sure that these agents have often acted detrimentally in that they have stimulated the mucous lining of the bladder, and in this way produce considerable harm.

Corn silk has in my hands proved itself most valuable in relieving vesical irritability and in producing resolution in the mucous lining of the bladder when there existed subacute inflammation. I now depend upon it to bring me good results in all forms of vesical irritation.

Lithium stands highest in the estimation of the profession now to neutralize uric acid and to dissolve it and expedite its elimination. I find that the remedy

which is most happily adapted to the end desired in these cases is maizo-lithium. This I give in doses of one to two teaspoonfuls every three or four hours as long as acute symptoms are present, as when vesical irritability is symptomatic of acute cystitis, or results from hyperacidity of the urine due to excess of uric acid. I have the patient take the remedy in doses of two teaspoonfuls about an hour before meals.

Below I give in outline the clinical histories of several cases treated on the principles here laid down:

Mrs. M., aged 37. This lady had contracted gonorrhea eight weeks before I saw her from her husband. She now had irresistible impulses to urinate, and her urine had a considerable amount of pus in it.

I put her on maizo-lithium, in doses of a teaspoonful every two hours, and had her employ a bland diet and refrain from all alcoholics. At my visit the next day she was a great deal better and had not suffered much. Two days later she was greatly improved, and I let her take the remedy before each meal for ten days longer. At the end of this time she was to all appearances well, and has had no further trouble now in six months.

Mr. Samuel B., aged 57. This patient had a most irritable bladder and had to get up several times during the night to urinate. I attributed all this to uric acid poisoning, and had him take two drams of maizo-lithium an hour before meals and on going to bed. He kept up the remedy for two months, and at the end of that time could sleep all night without getting up to urinate. He has gone seven months now without the remedy and has had no return of his old-time trouble.

Charles B., aged 37. This man had an irritable bladder, which dated back to a gonorrhea which had been complicated with cystitis. Uric acid excess had kept this cystitis alive, and this patient declared that under existing circumstances life was a burden. Regular doses of maizo-lithium exerted the best effect on this patient, and he was entirely well in six weeks from the time he began to take the treatment.

VERY OLD FOGIES.

More people over one hundred years old are found in mild climates than in the higher latitudes. According to the last census of the German empire, of a population of 555,000,000 only 78 have passed the hundredth year. France, with a population of 40,000,000, has 213 centenarians. In England there are 146; in Ireland, 578; and in Scotland, 46. Sweden has 10, and Norway 23; Belgium, 5; Denmark, 2; Switzerland, none. Spain, with a population of 18,000,000, has 401 persons over one hundred years of age. Of the 2,250,000 inhabitants of Servia, 575 have passed the century mark. It is said that the oldest person living is Bruno Cotrim, born in Africa, and now living in Rio de Janeiro. He is 150 years old. A coachman in Moscow has lived for 140 years.—*Indian Medical Record.*

Phosphate of sodium, lime salts, and common salt should be freely given in the case of children who are often sufferers from rickets.—*Medical Summary.*

WE ASK CONGRESS TO PASS AN ACT TO SETTLE DISTURBANCE, LITIGATIONS, AND EXPENSE RESULTING TO THE STATES BY THE "MEDICAL PRACTISE ACTS," IN THE WAY PROVIDED BY THE NATIONAL CONSTITUTION.

By R. C. BAYLY, A.M., M.D., Decatur, Ill.

Written for Practical Medicine.

WHERE the States have made serious mistakes by legislation it is well that the supreme law provides the proper remedy, and to it we appeal through our representatives with that certainty that is free from mistake and all denial.

The fourth Article and Section 1 of the Constitution of the United States, reads as follows: "Full faith and credit shall be given in each State to the public acts, records, and judicial proceedings of every other State, and Congress may, by general laws, prescribe the manner in which such acts, records, and proceedings shall be proved, and the effect thereof."

In the "Medical Practise Acts" many State legislatures have transcended their constitutional authority, and I propose, as provided in the paramount law, the following act by Congress as a remedy against all future mistakes touching the rights, privileges, and immunities of citizens, and especially of physicians and surgeons of the United States.

Under the express powers of Congress, after providing for the common defense and general welfare, and prescribing the manner in which the public acts, records, and judicial proceedings of one State shall be proved in every other State, Congress has the exclusive power "*to make all laws which shall* be necessary and proper for carrying into execution the foregoing powers: to wit: "*Between a State and citizens of another State,*" and "*between citizens of different States.*"

And now, gentlemen, doctors of all the States under the flag, I propose that we ask Congress to give its authority to the following act:

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled: That all physicians and surgeons who are citizens of the United States, and who are graduates of any medical college or colleges, legally chartered by the legislature of any State in the federal union; and all physicians and surgeons holding a license or certificate of examination by the State Board of Health of any State in the United States, shall, and are by this act legally qualified to practise medicine and surgery in the District of Columbia, and in any territory, and in any, each, and every State under the flag, wheresoever they may open an office and record their diplomas, licenses, or certificates with the county clerk of the county wherein they reside, without let or hindrance, and without any imposition of county, State, or corporation taxation, fees, or other expense whatever.

Sec. 2. That the rights and privileges of doctors being fully and clearly recognized and guaranteed by the Constitution of the United States of America, any person or persons, county or

State officials, violating or attempting to violate this act, and the rights and privileges of doctors as herein set forth and declared, shall be fined not less than five hundred dollars for each offense, and imprisonment in the penitentiary for the term of not less than five years.

Sec. 3. The party or parties guilty under this act shall be prosecuted by the proper authorities as other violators against the law and order of the community wherein the offense or offenses are committed, anything in the laws of the States or decisions of judges or State courts to the contrary notwithstanding.

Sec. 4. This act shall be in force and effect from and after its passage. All physicians and surgeons of the United States are hereby requested to send me their names and addresses, authorizing me to sign them to a petition to Congress for immediate action of that body when it shall again assemble.

I will present the petition myself and see that all things are done decently and in order, that the profession be not blamed.

Gentlemen, in the presentation of this proposition to you, I want you to know that I have not reckoned without my host, for they are coming a hundred thousand strong.

SLEEPLESSNESS.

Dr. John B. Bradbury, in his Croonian lectures, remarks that the treatment of insomnia often resolves itself into a study of the causes. First, there are the irritative causes, as pain and uneasiness, such as children teething or the presence of worms. Eye-strain or eczema keeps many an adult awake. Then we have the toxic causes, as alcohol, tobacco, the poisons of febrile diseases, conditions present in gout and rheumatism, and the toxines left in the system through bad circulation, kidney diseases, etc. Further, there are mutual causes of grief, worry, shock, and anxiety. There is usually in these cases a nervous temperament. There are also causes of insomnia due to change of habits and mode of life, such as late dinners, high altitudes, changing from day to night duty, or *vice versa*. No treatment of insomnia can be successful that is not deduced from a study of causes. But even though the causes have been sought out and removed, sleep may not return. The cells of the brain have become irritable. In mild cases try bromides first. Paraldehyde is one of the best hypnotics. Chloramide is good and safer than chloral. Sulphonal is the best of the sulphones. — *British Medical Journal.*

CLEANING HYPODERMIC NEEDLES.

Thousands of hypodermic syringe needles are thrown away each year as useless by the members of the profession, which could, with a slight amount of trouble, be restored to their original state. The channel of the needle becomes occluded, owing to the deposition of material derived from the injected fluid. This precipitate is readily dissolved and removed by boiling the needles for a period of ten minutes in a solution of sodium carbonate, which not only cleanses the needle internally, but restores the brightness of the external surface as well.—*Practical Review.*

TREATMENT OF INTERMITTENT FEVER WITH CLINICAL REPORTS.

By ROBERT C. KENNER, A.M., M.D., Louisville, Ky.

Written for Practical Medicine.

IN nearly every section of Kentucky we have had an increased number of cases of intermittent fever every summer and fall since 1896. In the summer and fall of 1896 there was as large a number of cases of intermittent fever as it was common to see when I began the practise of medicine, twenty-two years ago.

The treatment of all malarial fevers by quinine is without doubt a means of bringing about a quietus to the disease process in many instances. Yet it is true that in a considerable number quinine will fail to bring us satisfactory results; and still the drug's action in some cases is such that it cannot be exhibited.

The tinnitus aurium is such that many patients cannot employ the agent at all. In very young or old patients quinine often produces a degree of cerebral congestion that is fraught with much danger, and I am sure I can trace several deaths to the exhibition of quinine to patients of this class.

All of the cinchona preparations, even cinchonidia, have the property of affecting the cerebrum.

I have naturally sought a remedy which would prevent the recurrence of intermittent paroxysms, but which would not carry in its train the bad effects of the preparations of cinchona.

I have found cornus florida and many agents of that class capable of rendering me some satisfactory results, but they could not be depended upon, and the cases in which failure followed their employment were more numerous than where interception of the paroxysm was effected.

For some time I have employed Ayer's Malaria and Ague Cure. This agent has not the quality of affecting the brain, producing tinnitus aurium and other unpleasant symptoms of quinine, while it is as surely antiperiodic. My attention has been called to this drug as an antidote to malaria by many able physicians who had given it a thorough test and had found it to be the best remedy in all forms of malarial infection. I have now, after having treated a great many cases of intermittent fever and other purely malarial affections, had ample opportunity of judging of its worth as a therapeutic agent in this class of affections.

Ayer's Malaria and Ague Cure has not in any case produced any gastric disturbance, and in many cases of both intermittent and remittent fevers it has seemed to allay gastric irritability. It exerts a quieting influence on the nervous system, allaying at once the severe headaches which are most common in all malarial diseases.

Ayer's Malaria and Ague Cure is easily taken by children and adults, who have never complained of its taste. Young children will often take it with relish.

The adult dose of Ayer's Malaria and Ague Cure is two teaspoonfuls before breakfast, and this is to be repeated

every three hours until six doses are taken. This dosage has never failed in my hands to intercept a malarial paroxysm. But as a precautionary measure and as an antimalarial tonic I have the patient take Ayer's Malaria and Ague Cure for several weeks in doses of a teaspoonful before meals.

Then, patients will be frequently found to have a tongue which is coated with a dirty whitish coat, some yellowishness of the eyeballs, a foul breath, and disgusting taste in the mouth. This condition of biliousness has been a signal for a long time with many physicians for the administration of calomel. I have found that a saline cathartic brings us as satisfactory results, and the danger of ptyalism is entirely averted. That calomel effects any specifically beneficial action in this condition I regard as almost absurd.

In the cases treated with Ayer's Malaria and Ague Cure the percentage of interceptions has been 85 per cent. The remaining 15 per cent. were patients who did not take the treatment with regularity or who were afflicted with chronic forms of malarial toxemia and whom I could not keep under treatment for a period long enough to attain results which were good. Some cases, however, were lost sight of, and it is, of course, possible that they may have obtained the most satisfactory results.

This showing is, I believe, sufficient to prove that we have an agent that will accomplish the antiperiodic action of quinine and which does not produce the bad effect of that drug. The following are a few cases taken from my book of notes:

William G., aged 27 years. This patient had been having a chill every other day for the past ten days. He had a paroxysm on Monday afternoon at five o'clock. Tuesday morning he came to my office for a prescription. He declared that he could not take quinine, as it caused him to have an eruption like nettle-rash. For this reason he had depended on domestic remedies until he found them to be of no value. I gave him a prescription for Ayer's Malaria and Ague Cure, to be taken according to the directions above given. He failed to have a paroxysm the next chill day, and I had him take a teaspoonful of the remedy before each meal for a week or two. This man went along for the remainder of the year without another seizure of intermittent fever.

Mrs. Loraine S., aged 39 years, had a chill for the first time for ten years. She was given Ayer's Malaria and Ague Cure in the same manner, and had no recurrence of the fever. She took a saline cathartic to relieve associated biliousness.

Mr. Orville R., aged 49 years. This gentleman contracted intermittent fever while on a fishing trip and had regular seizures for six weeks before coming to me, but he had taken quinine and other medicines. On Ayer's Malaria and Ague Cure as in the above case he made a speedy recovery.

Mr. Robert C. D., aged 21 years. This young man had had chills for about four months, and had now some splenic enlargement. Quinine was intolerable to him, the smallest dose producing an unbearable tinnitus aurium. On Ayer's Malaria and Ague Cure he speedily obtained relief, and on taking the remedy for a month after the chills

had ceased to come on his splenic enlargement disappeared.

Mrs. Mary B., aged 50 years, had masked intermittent fever which had persisted for two weeks. Ayer's Malaria and Ague Cure, given in the manner already advocated, prevented another recurrence of the chill, and she has since gotten on well. This woman could not take quinine on account of the tinnitus aurium and the severe gastric disturbance it produced.

DOCTORS VERSUS DOCTORS.

By Luigi Galvani Doane, M.D., New York, N. Y.

Written for Practical Medicine.

I HAVE read Dr. S. Scruggs' excellent and amusing article in the September number of Practical Medicine with a good deal of interest.

The doctor is evidently something of a humorist and somewhat of a "doubtful Thomas." I would like the doctor to examine all things, hold fast to the good, and reject the bad.

Of late years the practise of medicine has passed through quite a change, and many points of a therapeutical nature have been settled in a conclusive way.

We know today the value of opium, cascara, the bromides, and digitalis, and can appreciate the food products better than ever before. Our practise has become more rational and exact. The advances in therapeutical science have been brought about by our sixty-two thousand doctors, for no sooner is a drug made known than its action is investigated and duly reported. All is due to the physicians of the United States. The doctor speaks of Christian Science, forgetting the fact that it is due to mesmerism and is as old as the world itself. Many of the methods of the hypnotists were used in Egypt long before the Christian era. We know these Egyptians understood many diseases and have records proving that the speculum, forceps, and catlin were used by them. That they hypnotized their patients no one doubts, and that they used iron and purgatives, baths and sunlight as curative agents is beyond question.

The production of sleep by opium, the use of cascara sagrada as a cathartic, the action of mercury and a host of of other drugs place therapeutical science on a firm basis, and yet we can point to many instances where these drugs fail to act.

There is but one *exact* science, viz.: mathematics; all others are *inexact*, and therapeutical science is inexact in its findings, but based upon truth. Any drug examined and passed upon by the physicians of the United States, and endorsed by them all, is *pretty sure to produce results.*

Dr. Scruggs can always depend upon a few old and reliable drugs: 1, opium; 2, quinia; 3, aloes; 4, cascara; 5, bromides; 6, mercury; 7, the faith of the patient.

If he will use this list and hypnotism along with it, I feel assured that success will light upon his banner and glory surround his name.

Verily, it is a good deal better to know nothing than something which is not so.

Drugs have value and had done wonders long ere this age of materialism, cant, and iconoclastic ideas. We should be lost without them, and perish if sick. Drugs with faith can do wonders, but drugs, faith, and hypnotism are a trinity of powers of great value to suffering humanity.

VAGINAL FISTULA: OPERATION REFUSED.

By T. J. Biggs, M.D., Stamford, Conn.

Written for Practical Medicine.

JANE E., aged 30, American, admitted June 7, 1900. Diagnosis: Complete fistula, extending from the right labium major opening into the vagina on the right side, slightly anterior to the cul-de-sac Douglas. This condition was of five years' standing, and within that time the patient had been operated upon twice and had undergone various other treatments; but, in spite of all, the fistulous tract still continued. The tract was a large one, so that a full-sized flexible probe could be carried through with ease. The walls of the fistula were so thoroughly organized that I advised operation as being the only sure means of promising a good result. This the patient or her relatives would not permit. I, therefore, determined to destroy the tract by other means as best I could. Under anesthesia, the largest size Geli saw was introduced, and by carrying this back and forward I finally succeeded in scraping out the walls of the sinus. Next, a piece of sterilized gauze soaked in iodoform-bovinine was carried through and left in. At the end of twenty-four hours this was removed, and the sinus washed out with bovinine, peroxide, and Thiersch. Following this, a piece of gauze saturated with bovinine pure was carried through, and bovinine pure injected. The nurse was instructed to inject the bovinine into the sinus every two hours, thereby keeping the gauze saturated with it.

On the 13th the sinus was in a healthy granulating condition. The gauze was now packed, first externally for about one-third of the length of the sinus, then internally for about one-third, and the nurse instructed to inject the bovinine as before, my idea being to start the healing process from the center, so that it would extend outwards and inwards. Although I was not particularly sanguine, nevertheless, on the 15th I was delighted to find that a healthy healing process had begun, and fully one-fourth of the length of the sinus had filled up with new tissue cells. From this time on the packing was just far enough, both internally and externally, to keep the mouth of the sinus open.

On the 20th the sinus had so far healed that packing was now unnecessary, and bovinine was injected.

On the 26th it had entirely healed internally.

On the 28th it had entirely healed externally.

Coincident with the sinus treatment, the patient was put on from the beginning a wineglassful of bovinine in milk every three hours.

On the 29th she was discharged, cured.

This case is the only one of its kind, I believe, on record; therefore, I deem it to be of great interest.

"DOCTORS AND DOCTORS."

By Dr. Burke, Meckling, South Dakota.

Written for Practical Medicine.

THE very able article by Dr. Scruggs in the September number of Practical Medicine is very interesting, but I will ask the doctor to allow me to object to certain of his positions. He seems to be quite positive that the allopath, from a genuine scientific standpoint, is the only system, and will likely claim that the marvelous progress of that school in the past half-century is due to its own research and untiring efforts to raise its standard of right. To my mind, that is not true of the allopath school of medicine. Hahnemann's reformatory principles, with a few exceptions, seem to me to be always silly; however, the opacity may be largely in my eyes and and the more or less blinding prejudice in my (to some extent egotistical) mind. Many of us are more or less tinctured with egotism and a sort of blind prejudice which should not exist. Every system of medicine is a certain form of science, and to condemn a science is wrong. There is surely some good in each of them. Why not search it out and use it? That is our privilege, and, if I understand the definition of eclectic, that is just what it means. During the past fifteen years I have met many homeopaths, who, as a rule, were educated and refined men and successful practitioners, and I believe their school of medicine has done more to reform the old-style allopath of lance and purges and pukes than any or all other forces combined. You will, no doubt, agree with me that they have reformed greatly in the past fifty years, done much toward raising the standard of a medical education, and advanced the science of medicine, especially surgery. But let us be liberal enough to be honest. There are others. Now, I have been a little more fortunate than the doctor, having met many eclectics, among them professional men ordinary and extraordinary, able surgeons, and able all-round practitioners. Then, I have met a few of the scientific sort the doctor refers to and a few of the would-be scientific fellows, and they all seemed to fill a place adapted to their individuality. They were not all eclectics, however. All the various schools of medicine seem to furnish their quota.

There is some consolation in the following to me:

"You can fool all of the people a part of the time, and part of the people all of the time, but you can't fool all of the people all of the time." Therefore, my rightful dues as a practitioner depend upon my ability to rightfully apply the same. Physicians, as a rule, are too clannish, too much creed, and too little of the love of our fellow-man. The medical profession needs more Franklins, Jeffersons, and Lincolns. We are inclined to think *our* creed is *the* creed, and reluctant to consider the other fellow. Should we not at least give him a chance? It may be his creed would satisfy more people than ours; then is it not the most practical?

THE DIETETIC TREATMENT OF TYPHOID FEVER CASES.

William Murrell, M.D., F.R.C.P., physician to the Westminster Hospital, London, England, says:

There is a growing belief that the dietetic treatment of cases of enteric fever might be improved with advantage. The orthodox custom at all our large London hospitals has been to resort to "two-hour feeds," that is, the patient has three pints of milk in the twenty-four hours, divided into "feeds" of five ounces every alternate hour. The milk is the milk as it is received from the milkman; it is as a rule supplied by contract, and I do not know that any particular inquiry is made as to its purity or nutritive value. If the patient has much diarrhea, it may be mixed with one-fourth lime-water, and possibly if it is not readily assimilated it may be peptonized. This method of dieting is kept up during the whole of the illness, and nothing in the shape of solid food is allowed until the patient has had a normal temperature for ten days. That the results are good and that the mortality is extremely low must be freely admitted. Who instituted this code it is difficult after the lapse of so many years to say, but it probably originated with the eminent French physician Trousseau. How far it may be departed from with safety is a question which of late has received a good deal of attention. In 1897, Dr. A. G. Barrs, in the *British Medical Journal*, opened up the whole subject, and still more recently Dr. R. W. Marsden, the medical superintendent of the Monsall Fever Hospital, has published the results obtained in two hundred unselected cases of enteric fever, in which a more liberal dietary was allowed.

Acting on this suggestion, I have of late departed from the rules hitherto laid down for our guidance, and I am sure with advantage to the patients, especially in the direction of shortening the long period of convalescence. I am sure it is useless to adhere too strictly to any time limit, and that the best indication for the administration of a more liberal dietary is the demand for it on the part of the sufferer. When the patient says he is hungry, and wants something to eat, it is a pretty good sign that his digestive powers are in process of restoration, and that solid or semi-solid food is not likely to disagree with him.

I have recently had under my care at the Westminster Hospital a case of enteric fever of three months' duration, in which a persistently febrile temperature was maintained, and in which the adoption of a more liberal scale of dietary afforded the first indication of improvement. The case is so suggestive that I transcribe the notes in full:

C. S., a clerk, aged twenty-eight, was brought to the hospital in an ambulance on November 18, 1899, suffering from enteric fever. He had been ill since November 1, and had been nursed at home. On admission his temperature was 103° F., and he was in an extremely prostrate condition. No enteric spots were to be seen, and none appeared during the whole course of his stay in the hospital. No enlargement of the spleen could be detected, and, although he had been a heavy drinker, the liver was normal in size.

At 8 P. M. on the night of admis-

sion the temperature was 103.6° F., and he had passed a typical typhoid stool. The urine had a specific gravity of 1024, and was acid in reaction, and free from sugar and albumen. Widal's reaction was obtained without difficulty. The patient was placed on three pints of milk, five ounces every alternate hour.

On the 21st the temperature fell suddenly to 99.8° F., and a few hours later there was a profuse hemorrhage from the bowel. During the following week the temperature ranged from 102° to 104° F., and the patient remained in a semi-comatose condition, with occasional attacks of delirium. The bowels were open either once or twice a day, the motions being of the same character. He was now on nine ounces of brandy in the twenty-four hours. On November 25 he was found to have some bronchitis, but there was no pneumonia. There was some expectoration, which was examined for tubercle bacilli, but none were found. On December 3—that is, on the thirty-third day of the illness—he had a sharp attack of diarrhea, and for the remainder of the week had from two to seven motions a day. The temperature rose from 104.8° F., and he had to be sponged two or three times a day. His pulse was usually 130, and of poor quality, and his general condition was unsatisfactory. On December 6, 7, and 8 he was given an enema of two ounces of mucilage of starch with half a dram of tincture of opium. This was retained, but exerted no influence on the frequency of the motions. On December 9 he was ordered dram doses of bismuth carbonate of milk, and this checked the diarrhea. During the following week the temperature ranged from 102° to 103° F., and the bowels were open from four to six times a day. In the next week the temperature was slightly lower, and the motions were less frequent. There was, however, no improvement in his general condition, but he was evidently steadily losing ground. The only hopeful feature was that the three pints of milk and nine ounces of brandy were taken with unfailing regularity.

On Christmas day, the fifty-fifth day of his illness, he was watched with unusual care to make sure that nothing was given him by visitors to the wards. On the following day, however, his temperature rose to 103.2° F. At noon on December 27 it was 103.4° F. At 4 P. M. he was given five grains of phenacetin. An hour later the temperature had fallen to 101.4° F. At 8 P. M. he had a severe rigor lasting over half an hour, for which stimulants had to be given freely; the temperature fell to 100° F., rising again to 102° F. at midnight. On December 28, at 4 P. M., the temperature was 103.2° F., and he was given another dose of phenacetin, five grains. This was followed by a prolonged and very severe rigor, and at 8 P. M. his temperature was 96° F., a fall of 7.2 degrees in four hours. At midnight, however, the temperature was 104.2° F., showing a recovery of 8.2 degrees in four hours. On January 1, the sixty-second day of the illness, diarrhea returned, there being from six to ten motions in the twenty-four hours. Again the starch and opium enema proved useless, and again dram doses of bismuth carbonate were successful. On January 8 the patient was in an extremely critical condition, and he was

given champagne freely in addition to the brandy. Strychnine and digitalis were also administered from time to time. His temperature ranged from 102° to 103° F., his pulse was almost imperceptible, and the motions were passed constantly under him. For many days he had been unconscious, only muttering to himself at intervals. He was given an enema of two drams of Warburg's tincture in an ounce of milk, but it was not retained. On the following day two drams were given by mouth, and there was some improvement. On January 11 Warburg's tincture was ordered in doses of three drams twice a day, and almost immediately the diarrhea was controlled, the temperature fell to 100° F., and the pulse improved in quality.

On January 13 a more liberal dietary was adopted, and the patient was ordered, in addition to his milk, a teaspoonful of Plasmon every alternate hour. This was taken without difficulty, there was no rise in temperature, and the bowels were moved only once in the twenty-four hours. This was practically the turning-point in the patient's illness. The Plasmon was continued for a week, and at the expiration of that time the patient was given solid food. It was not, however, until January 20, the eighty-first day, that the temperature fell to normal.

From this day his appetite became ravenous, and on January 23 his dietary consisted of chicken and potatoes, beef tea (twelve ounces), bread, four eggs, custard pudding, Plasmon (six ounces), milk (ten ounces), brandy, (four ounces), and port (four ounces). He was allowed up for the first time on February 8, the one hundredth day of his illness, and he subsequently made a complete recovery.

The duration of the case is remarkable, especially when it is remembered that it was not a question of relapse, for there was never any complete defervescence. It was not an example of post-typhoid pyrexia, for the diarrhea, with typical typhoid stools, continued almost up to the end.

The Warburg's tincture was undoubtedly useful in controlling the diarrhea at a critical period of the disease, but the turning-point in the main illness was the adoption of a more liberal dietetic treatment. What should be given under these circumstances is a matter respecting which there must be much difference of opinion. The great thing is to find something which is easily digestible, which will not irritate the intestines, and which has great sustaining power. Another point is that it must be palatable and easy of administration. The white of egg, broths, jellies, sago, custard, and many others have been recommended, and all are useful. My best results, however, have been obtained with Plasmon. It is an albumen preparation made from milk from which the fat has been removed. It consists of the unaltered albumen of milk with eight per cent. of mineral salts, chiefly phosphates. It is a light, friable powder, free from odor or taste. It is soluble in milk and in water, and a teaspoonful of the powder added slowly to a quarter of a pint of lukewarm water, milk, or broth, and then placed over the fire and stirred makes a perfect solution. In enteric fever cases I give a teaspoonful in milk every alternate hour. When

the temperature reaches the normal, I usually give it in the form of a custard made with milk and eggs and baked slowly in the oven.

Apart from the dietetic treatment this case presents many features of interest. An enema of opium is useful in checking many forms of diarrhea, especially the diarrhea of advanced phthisis, but it is useless in the diarrhea of enteric fever; at all events, in this case it proved of no avail. The carbonate of bismuth in dram doses administered in milk gave excellent results, probably by its mechanical action in covering over and protecting the ulcerated Peyer's patches. The maximum dose of bismuth carbonate given in the "British Pharmacopeia" is twenty grains, but this is far too small, and there is not the slightest danger in giving dram doses or even half-ounce doses. At one time this salt contained traces of arsenic and tellurium—indicated by the "bismuth breath"—as impurities, but this is a thing of the past, and the drug is now supplied in a condition of perfect purity, so that it can be administered freely, without fear of producing toxic symptoms.

Many authorities speak highly of the value of antipyretic drugs in the treatment of enteric fever, and when the temperature persistently remains above 103° F. recommend the administration of phenacetin. Phenacetin, especially in from ten to fifteen grain doses, is said to be free from danger, but this is not my experience; and in this case, on two occasions, a single five-grain dose produced a condition bordering on collapse, and undoubtedly endangered the patient's life.

Another point of interest is the amount of alcoholic stimulant administered in this case. For nearly two months the patient took over three pints of brandy a week, with a very fair allowance of champagne and port. I am convinced that without the alcohol we should never have tided him over his illness. Of the quality of the brandy administered I know nothing; probably it was good of its kind, but not the best. In private practise I should have adopted the hint given by Dr. Wm. Murray, of Newcastle-on-Tyne, in his *Rough Notes on Remedies*, and ordered liquor brandy made from the finest grape, known as the champagne grape, grown in the Charente (Cognac) district. This old brandy is a most valuable remedy in cases of extreme exhaustion, when the patient is sinking and food and ordinary stimulants are not assimilated. Fine old brandy is difficult to obtain, even in London, but specimens of the 1820 and 1828 vintages are still procurable, although of necessity they command a very much higher price than the product usually sold under the name of brandy.—*Medical Brief.*

Metals get tired as well as human beings. Telegraph wires are better conductors on Monday than on Saturday on account of their Sunday rest, and a rest of three weeks adds ten per cent. to the conductivity of a wire.—*Medical Age.*

Wu Ting Fang, the Chinese minister, recently delivered an address to the graduates of the Woman's Medical College of Pennsylvania, in which he advised them to seek their fortunes in China.—*Medical Age.*

QUININE IN LA GRIPPE.

Quinine is the remedy that Dr. Andre Martin, of the French army, has found most satisfactory in the treatment of la grippe. As this infectious malady impregnates the entire organism with its toxines, which first affect, more or less seriously, the functions of the nervous and circulatory systems, it seems to him that the leading indication is to accomplish their elimination, or, at least, their neutralization, by supplementing the defensive energies of the body by means of medicinal agents capable of sustaining the force of the nerve cells and the tonicity of the vascular apparatus. It is not strange, he thinks, that at the outbreak of the great epidemic of 1890 the most popular treatment with both physicians and the laity involved the administration of such drugs as antipyrine, acetanilid, phenacetin, exalgine, etc. These preparations were, at the time, comparatively new, the dangers attending their use were not fully appreciated, and their remarkable analgesic power unquestionably relieved some of the most prominent nervous symptoms. Is it, however, he asks, rational, or even prudent, to throw into the circulation substances of which the renal elimination is more or less uncertain, and the toxicity of which has been demonstrated by numerous accidents? In this connection, he mentions the cephalic congestions and the exanthems produced by antipyrine, the asphyxia due to acetanilid, and the cardiac disturbances initiated by exalgine. Antipyrine, which seems to be most commonly used in France, he particularly accuses of directly aiding the disease by its depressing effect on the heart and arteries.

For quinine the claim is made that its range of action is far more extensive, although its effect on the painful symptoms may be less immediate. Devoid of the dangerous qualities of the synthetic antipyretics, it exercises a sedative influence on the nervous system and a tonic effect on the heart and arteries, whereby both the force of the former and the contractility of the latter are increased, thus raising the vascular tension. In addition to quinine, purgatives and, usually, milk diet are essential elements of the treatment. Purgatives not only render the alimentary canal aseptic, but, at the beginning, they aid the absorption of the quinine and prevent the irritation of the digestive tract of which some susceptible patients complain. The milk diet is valuable both on account of its digestibility and because of its diuretic action. Elimination by the skin is opposed as tending to aggravate the vascular depression and general asthenia which are always present.

On being called to a case of grippe, the author administers a purgative dose of salts or oil and then orders the hydrochlorate or the hydrobromate of quinine in doses of 0.2 or 0.25 gm. (3 or 4 grn.) four times daily. Although the fever will abate sometimes on the second day, but more often on the third or fourth, the remedy is continued in equal or decreasing doses for three or four days longer. In case of gastric intolerance, the drug should be given by rectum or hypodermically. If pain is very severe, a small dose of antipyrine or some other similar preparation is administered during the first hours only. During the period of treatment the

patient is required to rinse his mouth frequently with very hot boiled water to which an antiseptic, such as boric acid, has been added. For two days, at least, rest in bed is considered essential. Thus treated, cases of simple grippe seldom last more than four or five days.

Complications of a gastro-enteric nature are treated with chloroform water and copious intestinal irrigations, with the occasional addition of bismuth salicylate, benzonaphtol, betol, or some other such remedy. In case of the most common complication, tracheo-bronchial catarrh, with spasmodic cough resembling that of pertussis, very satisfactory results are said to follow the administration of the syrups of eucalyptus and of tar in combination with an equal amount of syrup of morphine or of codeine. Of this mixture, the dose for adults is a tablespoonful four or five times daily. Omitting the treatment of serious complications or sequelæ, such as bronchopneumonia, the author passes to the consideration of the condition of cardiac or general asthenia which so frequently develops, either during the course of the disease or at the beginning of convalescence. Although strychnine, particularly the arsenate, kola, the glycerinophosphates, and sodium cacodylate are recognized as useful agents in such circumstances, reliance is chiefly placed on injections of physiological salt solution. In acute cases of cardiac asthenia the initial injection should be of 500 or 600 cc., and succeeded, at intervals of a day or two, by smaller ones — 100 to 150 cc. — *Merck's Archives.*

Codeine is a most valuable remedy in the cough of phthisis. — *Med. Sum.*

RAPID TREATMENT OF PNEUMONIA AND BRONCHOPNEUMONIA.

The method practised by Cassoute and Corgier in the Marseilles Hospital (*Laryngoscope*) consists in the continuous administration of fairly large doses of creosotal. In most cases a typical fall occurred during the first twenty-four hours; if the creosote was continued for a sufficiently long time the apyrexia was a permanent one. The temperature rose again, however, when the drug was discontinued, before the auscultatory signs had disappeared. Relapses and sequelæ, so frequent under other systems, were entirely absent. Creosote being eliminated by the lungs, as proven by the odor of the breath, within an hour, the special effect is regarded as antiseptic. The milder and more recent the auscultatory signs, the quicker and more pronounced is the action of the drug upon the local lung lesion. No danger from the remedy. Neither cardiac affections nor albuminuria contra-indicate its use. — *Medical Standard.*

"Did that bottle of medicine do your uncle any good?"

"No; as soon as he read the wrapper he got three new diseases." — *Chicago Record.*

"Do you believe in the value of fresh air?"

"I do, indeed. I spent a week in the mountains, and it cost me two hundred dollars."

"Sonny, does your mother give you anything when you take your medicine?"

"No, ma'am, but she gives me something when I don't take it."

Practical Medicine

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PUBLISHED MONTHLY BY THE
MEDICINE PUBLISHING COMPANY
LOWELL, MASS.

Entered at the Post Office, at Lowell, Mass., as second-class matter.

Subscription Price - - Always in advance
One year - - Fifty cents
Three years - - One dollar

Address all communications to
PRACTICAL MEDICINE,
Lowell, Mass.

VOL. XI OCTOBER, 1900 No. 6

THIS NUMBER IS THE BEST
THE NEXT WILL BE BETTER

There are a few puzzles we would like to have our friends solve for us. One of them they will find in the statement of D. Appleton & Co. to the effect that the *New York Medical Journal* has never paid expenses! Some of us have been struggling along with our little journals, making from one to five thousand dollars a year net, and longing for the immense returns of the *Medical Record, Philadelphia Medical Journal, Medical News*, and the *New York Medical Journal.*

With a paid circulation ranging between six and ten thousand, with a large number of good advertising pages, this is certainly a most startling disclosure, even for a weekly medical journal.

Another mystery we would like to have cleared up is this: We know two surgeons very well. The one is a regular crank on all bacteriological questions. Before he performs an operation he goes through all the latest and most complicated performances in order that every germ within reach may be killed. He operates with great neatness and dispatch; but the fact remains that every now and then his patients have a marked rise of temperature, while his mortality is not by any means the lowest. He has a friend in the same town who believes in germs, but who hardly takes any other precaution than a good sound scrubbing with soap and water. There is great cleanliness, but no "fuss and feathers." His patients recover without rise of temperature to a most marked degree! After all, there is some thing about this germ business that we cannot fully comprehend.

And here is another puzzler: In one of our exchanges there is a statement from a physician that he has had "an unusually large number of cases of cholera infantum this summer." For his little patients he prescribed podophyllin, calomel, and bismuth. In the same journal is an article on the treatment of indigestion of infants, in which the author states that he has not seen half a dozen cases of genuine cholera infantum in half a dozen years!

And now comes the very latest: Metschnikoff has recently been making some experiments which point to the conclusion that it may be possible to secure immunization against spermatozoa. Smallpox, scarlet fever, diphtheria, and typhoid must now stand aside!

Metschnikoff says that sheep spermatozoa, mixed with normal salt solution

and injected into the peritoneal cavity of a guinea-pig, die much sooner if the guinea-pig be first subjected to hypodermic injections of the sheep spermatozoa. From this he goes on to show how it may be possible to treat an animal of any kind with hypodermic injections of spermatozoa mixed with salt solution, with the effect that said animal will become perfectly immuned to the physiological action of spermatozoa.

With This Number

PRACTICAL MEDICINE

Ceases to Exist.

The editor, having accepted important and extensive responsibilities, finds it impossible for him to continue longer in medical journal work.

Therefore, with a good, old-fashioned handshake, and with a "thank you" for the many kind things so generously said of us, we close our journalistic life.

HONEST SURGERY.

No surgeon should undertake an operation until he has carefully weighed the probable result to his patient. A remark like this seems almost superfluous and uncalled for, but, to the shame of many workers in surgery, it must be admitted that too frequently the future welfare of the patient is entirely overlooked. Particularly is this so in hospital work, for the zealous surgeon, in his desire to operate on many cases, sees only the indication for operation; and, without taking into consideration the condition of his patient or the probability of ultimate success, he performs an operation which, though successful from an operative point of view, in its remote results leaves his patient in a worse condition than before.

Faultless technique and primary union are not the only elements of a successful operation. Justifiable surgery is that which first and foremost considers the patient's welfare. Will the results of operative treatment, both immediate and ultimate, be sufficiently beneficial to justify the risk and inconvenience to the patient. It seems to us that the answer to this question should alone determine the decision of the surgeon to operate or not to operate. A surgeon who regulates his operative work by the above questions may feel that he is not only true to his professional calling, but just to his own manhood and character. —*Practical Review.*

THE CARE OF THE EYES.

On arising in the morning, the eyes should be bathed gently in cold water —twenty "passes" are said to be decidedly strengthening. While using them closely, they should be rested at intervals of an hour or two, for the strain of constant reading or sewing is like that of extending the arms at a certain height immovable. Imagine the taxing of the eyes, which cannot complain save after years of irreparable neglect. When dust settles in the eyes, warm water will soothe them of any inflammation; rose-water is extremely refreshing, but it should be bought in small quantities, as it keeps but a short time. Five cents' worth will give a daily bath for several weeks. Tea-leaves and alum-water were the eye-tonics which our grandfathers used; but in these modern days of absolutely hygienic and antiseptic simplicity, water, especially in a distilled form, is considered powerful enough.—*Harper's Bazar.*

ALCOHOL AS A FOOD.

A. T. Cuzner, M.D., Gilmore, Fla., says:

In order to a proper understanding of the relationship of any article in the *Pharmacopeia* claimed as food, it will be as well to examine and see if we have a clear conception of what constitutes or qualifies an article, or, in other words, what functions, process, or processes it is necessary it should serve or conserve in order to the maintenance of growth, repair, and functional activity of the animal tissues.

CELL LIFE.

The different tissues are made up of an aggregation of morphological units, each having a life history of its own. At their death they are resolved into effete material, very deleterious to healthy cells if retained in the tissues.

All the cells are the result of the life of previous cells. *Omne vivum ex ovo.*

In the course of its development, every cell proceeds from the condition of a unit, in which it resembles every other morphological unit, through a series of stages of gradually increasing divergence, until it becomes an element or part of a special tissue.

The vital functions of the cell may be enumerated as contractility, irritability, automatism, reception of nutritive material and its assimilation, metabolism, secretion, excretion, and, finally, reproduction.

During their life history, they are sensitive to and are favored or injured by their environment, and by circumstances over which they have but slight control.

Having a very limited power of choice in respect to absorption or rejection of substances brought to them by the circulation, much good is effected, and also much evil, by the presentation of certain drugs in certain conditions.

NUTRITION.

There are three sources of demand for food material: First, to restore or replace the loss consequent upon the wear and waste of the tissues; second, for the production of energy or force; third, for the supply and maintenance of animal heat.

VITAL HEAT.

The industrious student of natural history—animal or vegetable—is impressed by the fact that oxygen and oxygenation seem to be the principal factors in all processes of organic life. The established principle of the conversion of energy teaches that light, heat, electricity, and motion are energies capable of conversion, the one into the other. To illustrate:

Place and ignite fuel under a boiler—as a result, heat; this heat, in the form of steam, acting through the engine, becomes power; this power, acting through the dynamo, becomes electricity, light, and heat.

Lavoisier taught that the oxygen taken into the lungs during respiration combined immediately with the carbonaceous materials in the pulmonary tissues and fluids, resulting in carbonic acid and water, evolving heat.

Liebig believed that the heat of the body was produced by the oxidation or combustion of certain elements of the food while circulating in the blood, these substances being converted into carbonic acid and water by the oxidation of their carbon and hydrogen. He divided food into two classes. First,

the plastic or nitrogenous elements—albumen, fibrine, gelatine, etc.; and, second, the hydrocarbons and the carbohydrates, or respiratory elements—oils, fats, sugars, and starches, regarding them as so much fuel. We dissent from both these scientists as being inaccurate in their views. We hold that the vital or morbid chemical actions and processes going on constantly in the body are sufficient to account for the heat evolved.

We admit, as held at the present day, that the carbohydrates and hydrocarbons taken into the body as food more largely go to the production of heat and energy than the nitrogenous elements. During sleep, when the vital or morbid chemical actions or processes of the body are at a minimum, the heat evolved is at a minimum; but when these processes are at a maximum they attain the maximum heat.

Professor Atwater bases his fallacious proposition that "alcohol is a food" on certain facts relating to the development of heat in simple forms of organic life. I thought we had better go over the ground carefully in order to a proper understanding of his promises and the sophistical conclusion he has reached in his proposition: "That to a certain extent alcohol is a food, and can take the place of certain other foods in the production—through oxidation—of energy, and that he is enabled to measure the amount of energy thus obtained."

FOOD.

Upon the right understanding of the term food depends the soundness of the proposition. We cheerfully concede at the outset of our argument that the oxidation of alcohol results in the evolution of heat and energy.

The term food has such an extended application that it is almost impossible to give a concise definition of it that will not be open to objection of excluding some one element considered by many as food, and including some other not usually considered as such.

To illustrate by a few samples:

"Whatever is eaten by animals for nourishment, or whatever supplies nutriment to plants, something that sustains, nourishes, and augments aliment, sustenance, or nutriment."—*Nuttall's Dictionary.*

"That which supplies nutriment. Syn. sustenance, provisions, fare."—*Webster's Dictionary.*

"Under the term 'food' are included all those substances, solid and liquid, which are necessary to sustain the process of nutrition.

"The first act of the process of nutrition is the absorption from without of those materials which enter into the composition of the living frame, or of others which may be converted into them in the interior of the body."—*Dr. J. C. Dalton.*

"Whatever is taken to maintain life is food."—*Crabb.*

"Any substance which, taken into the body, is capable of sustaining or nourishing the living being."—*Encyclopedic Dictionary.* Turning to Encyclopedia Britannica, under the heading "Dietetics"—it has no article on foods—we find the following:

"The physiology of the action of alcohol has a very important bearing on the physical management of the mental functions. When a man has tired him-

self by intellectual exertion, a moderate quantity acts as an anesthetic, stays the wear of the system which is going on, *and allows the nerve force to be turned to the due digestion of a meal* [italics mine], and, in addition, would say *that an anesthetic acts on and through the nerve tissues. — A. T. C.*" Hence the last clause is faulty. We would define food as any substance or material which can be taken into the body without injury, and applied, primarily, in building and repairing its tissues and framework, and, secondarily, in the evolution of heat, such as fats, sugars, and starches. Dr. Bienfait, of Liege, speaking very forcibly and radically upon this question of what constitutes an article of food, follows:

"In order to be a food, it is not sufficient that a substance be decomposed or oxidized in the tissues. Under these conditions many harmful substances would be considered food. Ether is decomposed in part; chloroform is partially destroyed. Muscarine, morphine, and other poisonous drugs are likewise oxidized in the body. But do we consider these substances food? Certainly not.

"Other things than decomposition are necessary to nutrition. It is necessary that the decomposition be effected in a way that will not injure the vitality of the cells. A part of the alcohol that is destroyed in the body undergoes this decomposition in a way that is injurious.

"Observe that whereas true food, such as sugar and fat, are destroyed slowly, easily, without provoking too lively a combustion, alcohol is burned too rapidly, provoking a veritable explosion. Suppose that a locomotive has to run a certain number of kilometers; in order to do this it must be given fuel.

"This is the coal, which it burns slowly and methodically. If, in the place of coal, we throw naphtha on the fire, or gunpowder, or nitroglycerine, they all produce the same kind of energy, differing in degree and suddenness.

"The combustion may furnish as much heat, or more, as the coal, but it is burned instantaneously, in the form of an explosion. The heat thus produced is not utilized in the machine. What naphtha is for the locomotive, alcohol is to our bodies; it is an explosive, but is not a food." Now, as words are but clumsy vehicles of thought, and thought is much more comprehensive than there are words for its conveyance, the above explanations, classifications, and descriptions of what constitutes an article a true food may be open to objection.

ALCOHOL AS A FOOD.

If I understand Professor Atwater right, he does not claim that alcohol is a true food, in any amount, but that it is a food only to a limited extent. Let me quote his reported words: "It has been claimed that I say that alcohol is a food. Mrs. Hunt says she understood it so. If any one did understand it so, let me say again what I said yesterday. Alcohol, if you call it a food, is only a very limited food." In the same address he is reported as saying: "Is alcohol a narcotic? Why, yes; I suppose it is. Is alcohol a poison? Why, yes; under certain circumstances, alcohol is unquestionably a poison, a narcotic poison." Again, he is reported as saying: "Alcohol cannot serve for building body tissue. It contains no nitro-

gen, but it is commonly supposed that it can be used in limited quantities for fuel. These experiments [at Wesleyan University] were planned to compare its action as fuel with that of the fat, sugar, and starch of ordinary food."

If these reported statements of Professor Atwater are correct, then in his output of the results of his experiments he has been greatly misunderstood. As I understand his teaching, it simply amounts to this:

Alcohol being oxidized in the body, and as oxidation is but a form of combustion, therefore, "when partaken of by man in limited quantities, it performs a like function with sugar, fat, starch—that is, the production of heat; therefore alcohol can with propriety be classed as a food." He does not claim it as a good or a proper food, or that it can be substituted for natural foods, such as fats, sugars, and starches, but, on the contrary, he claims it can only be used in very limited quantities as substitutes for these foods, and that it is a narcotic poison. This, then, is the outcome of those great and costly scientific experiments heralded at great expense through this broad land, to the deep concern and horror of the unscientific temperance people, and of such great comfort to the lovers of the "social glass." When I was a lad, I was much interested in reading "Æsop's Fables." Among them was one of a mountain in great labor. It belched forth fire and vapor—the thunder roared, the lightning flashed, the rock split, and from the opening came forth a little innocent mouse. It is evident, from the quotations which follow from other scientists, that they understand Professor Atwater as I do. But it is also evident, likewise, that the unscientific, and those whose living is made by the manufacture and sale of alcohol, and those who indulge in its use as a beverage, understand Professor Atwater to teach that alcohol is a food and proper to use as such.

"Professor Atwater's own figures, as set forth in Bulletin 69 of the United States Department of Agriculture, do not support his claim. He states that 'whether the body [of the man experimented upon] was at rest or at work, it held its own just as well when alcohol formed a part of the diet as it did with a diet without alcohol. His tables, on the other hand, show at once that when alcohol is substituted in part for carbonaceous foods, there is an increased loss of body nitrogen. We cannot, therefore, understand or accept his statement that alcohol protected the material of the body just as the corresponding amounts of sugar, starch, and fat.'"—Professor Seneca Egbert, of the Medico-Chirurgical College of Philadelphia, and Prof. Frank Woodbury, of the Philadelphia Polyclinic and College for Graduates.

"The third conclusion, that the alcohol protected the material of the body from consumption just as much as the corresponding amounts of sugar, starch, fat, is far from being a justifiable conclusion from data given in Bulletin No. 69. The experiments there, in which alcohol was used, show an actual loss of nitrogen, showing a consumption of body proteid during the period.

"Professor Atwater can draw but one tenable conclusion from Bulletin No. 69; namely, alcohol is oxidized in the system, but is not a food."—Wingfield S.

Hall, Ph.D., professor of physiology, Northwestern University Medical School, Chicago.

"One fails to find any support for the view that alcohol, like corresponding amounts of sugar, starch, and fat, protects the body against proteid waste, in Dr. Atwater's own figures. Thus in experiment 7, where 417 grains of proteid were given in four days, there was a loss of nitrogen equivalent to 48.2 grams of proteid.

"In the other alcohol experiment (number 10), there is a similar, though somewhat smaller loss of nitrogen. One is, therefore, compelled to admit that these experimental data do not support this third conclusion of Dr. Atwater.

"Indeed, if persons on a diet adapted to keep them in nitrogenous equilibrium regularly showed such losses of nitrogen while using alcohol as are shown in Dr. Atwater's tables, we should have very satisfactory evidence that alcohol was acting as a poison to the cells of the body; that is, as a protoplasmic poison. The two Atwater experiments with alcohol (in Bulletin No. 69) were carried on for so short a period that they throw no light whatever on the food value of alcohol when used continuously. Even if these experiments demonstrated that alcohol can replace a portion of ordinary non-nitrogenous food during four days in a healthy man, this fact would afford no scientific basis for the view that such replacement can be indefinitely carried on without detriment to the organism. It is difficult to believe that an investigator occupying an important government position should be so unintelligent as to give utterance to views favorable to the use of alcoholic drinks on the strength of experiments of such limited scope as those published in Bulletin No. 69."—C. A. Herter, M.D., professor of pathological chemistry, University and Bellevue Medical School, New York.

Prof. H. W. Conn, Professor Atwater's associate in the above noted experiments, took care at an early date of their discussion to place himself before the public in the following reported position. He says:

"Alcohol is not used as a food. It is always for its influence upon the nervous system, and one of the well-known results is that, at least among Americans, the use of alcohol in small amounts is almost sure to pass speedily into its use in large quantities.

"To state that alcohol in any quantity is safe is a woeful misinterpretation. No one can state what is a small and what is a large dose. No one can yet state at what point a physicist could experiment with gunpowder, and prove it is easily oxidized and gives rise to a large amount of heat and energy. From this it might be argued that gunpowder is a most useful kind of fuel for cook-stoves. Such a conclusion would be hardly less logical than the conclusions that have been drawn from these experiments with alcohol, and which regard it as a useful food for the body. Gunpowder is a very unsafe fuel because of its secondary effects, and in the same way the food value of alcohol cannot be determined by its power of being oxidized, but must include the consideration of its secondary effects as well." But suppose for a moment we stop and admit for the sake of argument that alcohol in limited amounts, on account of its being

oxidized in the body and thereby generating or liberating latent energy and heat, may be classed as a food, does it not logically follow that all those drugs and chemicals that undergo oxidation in the body are foods, "when taken in limited amounts," whether they be narcotic poisons or anesthetics, and must in consequence be admitted into our list of foods?

Another thought! It is claimed and admitted that alcohol, being an anesthetic and narcotic, has the power, and exerts the same, of dilating or relaxing the small arteries and capillaries, admitting a larger portion of blood than ordinary, and that the blood at this point loses a large amount of heat; and it is further claimed, and has not been successfully disputed, that the loss of heat in consequence is greater than that produced by the oxidation of the alcohol. If these statements and positions are correct, what becomes of the hypothesis that "alcohol is a food to a limited extent"? What sort of bank assets would a man have who, having on deposit $25, deposited $25 more and drew out $50? You would say that man's assets were nil! Likewise it is with alcohol; it does oxidize in the body, liberating heat, but it at the same time causes a greater loss to the body in another direction by its poisonous action on its tissues.

Therefore, gentlemen of the medical profession, we cannot afford in the interest of science, truth, and morality, to give aid and comfort to the users of alcoholic beverages by admitting alcohol into our list of alimentary substances. We must still retain it in our list of drugs as a narcotic poison, useful at times, which times and circumstances must be judged of by each individual physician, the same as he does in regard to the administration of strychnine, arsenic, opium, etc. — *Read before the American Medical Association.*

TRANSMISSION OF TYPHOID FEVER AND ITS PREVENTION.

Although there is no doubt that typhoid fever existed in all countries for ages, it remained for Gerhard, of Philadelphia, to differentiate this disease from typhus fever, as late as 1829. After this a great deal of speculation arose in regard to the transmission of this disease; Bretonneau, Troussou, and others claimed it was contagious, while many good authorities contended that it was infectious only, and as the true character of the materies morbi was unknown, the study of the transmission of typhoid fever was from epidemics and consequently spasmodic and with little pronounced progress.

The discovery of the typhoid bacillus by Eberth created new interest in the study of this disease, and since then much additional information has been contributed by various scientific workers, who have proven beyond a doubt that the bacillus discovered by Eberth in 1880, and isolated and cultivated by Gaffky in 1884, is the specific cause of typhoid fever. The typhoid bacillus is a motile, non-liquefying germ, developing best at a temperature of 37 degrees C.; over 40 degrees and under 30 degrees C. its growth is retarded; below 10 degrees it ceases to develop; but freezing does not destroy its vitality. It is pathogenic in man. It is not pathogenic in the lower animals, and does not

occur naturally, so far as known, among the lower animals.

It generally enters the system through the mouth and stomach, though it may enter through the air passages or the tonsils, occupying the intestines, liver, kidneys, lymphatics, and the blood; sometimes the lungs, tonsils, and even the meninges or other tissues, generally in foci, seldom singly except in the walls of the intestines.

According to Dr. W. H. Park, the bacilli may be found in the feces of about 50 per cent. of all typhoid fever patients, in the urine in about 20 per cent. of the cases, and sometimes in the sputum. This bacillus sometimes plays the part of pus producer, causing abscess of the liver, spleen, and other tissues.

The presence of the typhoid bacilli in the feces is due to the fact that they are thrown off from the ulcerated mucous membrane into the intestinal contents, where they remain alive until voided. The bacilli in the feces of some individuals die in a few hours, and in others live many days or even weeks or months, and increase in numbers if protected from strong light and extreme heat and cold. The typhoid germ may exist in the fecal discharges of persons afflicted with this disease so long as there remains any ulceration of the mucous membrane of the intestines or so long as cholecystitis may exist, and this complication has been reported to have existed in typhoid fever patients for weeks and months after the first onset of the disease. The bacilli are found in the urine after the third week, and may continue for weeks or years in case of typhoid cystitis, as was reported one case four years after the general attack by Gwyn of Johns Hopkins.

There is no sex or age limit to this disease, for both sexes and all ages are susceptible. Some persons seem to be predisposed to contract typhoid fever, while others have resisting powers sufficient to modify the disease. The length of time after the introduction of the bacilli into the system before clinical symptoms are developed sufficiently to pronounce the patient sick is usually from ten to twenty-five days. The infectious material is discharged from the sick by means of the excretions and secretions, the feces, urine, and occasionally the sputum, which no doubt contain the greatest number of bacilli during the active stages of the disease. Since the mouth and stomach is the avenue through which infection generally takes place, any article of food or drink which is infected may be the vehicle to carry the bacilli into the system. Infected fingers or table-ware, such as cups, spoons, forks, or other infected means used to convey food to the mouth, may be the vehicle to transmit the disease to a susceptible person.

We desire to be better acquainted with the existence of this bacillus outside of the human system, where it is more difficult to gain correct information of its life and habitat.

Since it is found to be non-pathogenic to the lower animals, it stands to reason that these animals do not incubate the germ. How long the typhoid bacilli may live in the soil is an unsolved problem. Some authorities say that, under favorable circumstances, out of the sun or strong light and warm soil, they may

not only live for months, but may increase.

The soil receives the dejecta from the inhabitants of unsewered cities, towns, and the rural districts, and often the sewages of cities are turned upon the soil for irrigating purposes. Sewage irrigation when carelessly conducted produces soil infection. In many towns and rural districts the dejecta are generally stored in the ground in cesspools and privy vaults, which not only pollute the soil in immediate contact, but for a great distance from their point of localization by burrowing animals and insects, by underground currents and springs, and by overflows during rainy seasons.

The urine is quite often thrown or passed upon the ground because it disappears from sight so readily, and the sputum is another source, never suspected, which is thrown upon the ground. Some of the unfavorable conditions in or upon the soil for the maintenance of the typhoid bacillus are sunlight and heat together with the saprophytic germs, but there are no doubt conditions that will favor the life and growth of these germs. In a stream or lake of water the typhoid fever bacillus will not live longer than fourteen or fifteen days; in ice or snow it retains its vitality for months. Water is the most common carrier of this disease because it is taken into the stomach more extensively than any other article and because it receives the sewage from the cities and towns; and the residents of unsewered towns and rural settlements construct their cesspools and vaults near their wells or the streams of water supplying themselves or their neighbors. The camper and the pleasure-seeker are too often ambulant cases of typhoid fever or are convalescents from this disease, and perhaps are still suffering from typhoid cystitis or cholecystitis and deposit their excretions into a stream where they are dissolved in water and conveyed by the current from sight or camp. During the winter months residents along the banks of streams imagine because freezing prevents offensive odors from arising that there is no harm in throwing their dejecta on the snow or ice, where the bacilli remains latent until the spring thaw, when the germs are conveyed to neighbors in their water supply, as was the case in the epidemic of typhoid fever in Plymouth, Pa., in 1885. In this case the patient was sick in January and the thaw took place in March; in the first week of April typhoid fever became epidemic in the little town in consequence of the water supply having become polluted from the discharges of one case of typhoid fever. Careless and indifferent nurses throw the excretions of these patients upon the ground near wells or other places where it is possible for the germs to gain entrance into the water supply. There is no doubt that convalescents and ambulant cases deposit bowel discharges and urine near wells or streams supplying water for domestic purposes, little thinking of the real danger they are subjecting their neighbors to. Soil contamination leads to water pollution by surface washing during rainy seasons and soil drainage during dry seasons. It is claimed by good authority that the dust raised by the winds may convey the bacillus into food or drink, and into the throat by in

halation, and thereby infect susceptible persons.

It is probable that the increase of the disease in the early fall months may be due to dust inhalation, soil drainage into the wells and streams, together with camping and summering in localities illy provided with sanitary arrangements. A close investigation made to ascertain the source of infection of the cases reported during the summer months to the Los Angeles health office proved that at least 45 per cent. received their infection from points outside of the city.

This bacillus will live and increase in milk; therefore, milk infection is a great source of transmission of the disease to residents in cities, which is quite often proved by outbreaks of the disease in the routes of the milk venders. Many instances might be given in our experience of the spread of the disease by dairymen. The ambulant or convalescent typhoid patients may infect the milk while milking or by handling milking utensils. Polluted water used to dilute the milk or rinse the milk cans or bottles may infect the milk. The delivery of milk to customers in bottles or other vessels which are left at the residences of typhoid fever patients may transmit the disease by the bottles becoming infected and being refilled and delivered to another customer before they have been properly sterilized. And it may be assumed that the bottles are seldom properly sterilized, for the great danger of breaking by scalding water prevents the dairyman from taking any chances, to say nothing of the fact that the driver of a delivery wagon may refill the bottles while on his rounds, when he has no possible opportunity of cleansing them.

House infection is quite common, particularly in cases where there are any leaks in the soil-pipes and the fixtures are enclosed in wooden casings. Transmission by sewer-gas is hardly possible.

Irrigation with sewage direct upon the foliage of lettuce, celery, tomatoes, and vegetables which are eaten uncooked undoubtedly may transmit the disease. A report of the Massachusetts Board of Health of an outbreak of the disease at the Northampton Insane Asylum is of interest on this point. Previous to Sept. 10, 1899, there had been but four cases of typhoid fever for ten years; but from that date cases began to appear in an alarming number. In five days fifteen cases were reported, in the following five days ten cases, and the next five days fourteen cases, and the five succeeding days there was little abatement of the disease. On investigation it was found that the farm hands, nurses, kitchen help, and a class of inmates in the asylum who had been eating celery had the disease. Another class of inmates, who had not eaten celery, did not have the disease. It was found that the sewerage system was so constructed as to convey the sewage to some filter-beds, and this was finally spread upon the celery-beds and the celery banked up as usual. The eating of the celery was begun in the month of August and continued until interdicted, when the disease commenced to disappear. One of the hands continued to eat the celery and soon came down with the disease.

Transmission of this disease has been

reported more than once in consequence of eating raw oysters which were fattened in streams polluted with sewage, and it is claimed by Foote that the bacilli will live in shellfish imbedded in salt water four or five weeks.

Laundresses have often been infected by laundering clothing of typhoid patients. Any person coming in direct contact may become infected. Refuse food or the dishes used by the typhoid patient may be the means of transmitting the disease. Any instrument or other material used about the room of the typhoid fever patient may transmit the disease, particularly thermometers and syringes. Insects may become infected or the bacilli may cling to their feet and be thereby transmitted to the food or drink of man. Flies were said to have disseminated the disease in the camps of the soldiers during the Spanish War.

PREVENTION.

To prevent the transmission of this disease two objects must be accomplished:

1. The destruction of the bacilli given off from the infected persons, which may be done by thorough disinfection.

2. The prevention of any germs that escape destruction or that may have been produced outside of the human system from coming in contact with susceptible persons.

Typhoid fever patients should be treated in apartments separate from other persons, and all unnecessary visiting prohibited. The nurse or other persons handling the sick or any of their clothing, and particularly the dejecta, should thoroughly wash their hands with soap and water and disinfect with a solution of corrosive sublimate or formalin. The dishes, knives, and forks should be cleansed by boiling water before being used by others, and all food touched and not consumed by patients should be burned; all sheets, towels, napkins should be boiled, and all clothing which cannot be boiled and which may have been soiled by the patient should be disinfected with formalin. It is well to place a piece of rubber cloth or sheet under the patient to protect the mattress from discharges. All rags, papers which have been used by the infected person, together with the sweepings of the room, should be burned at once. All house-flies excluded from the room, not only to prevent annoyance, but to prevent the transmission of the disease. The feces, urine, and sputum should be received into vessels containing a quart or more of one of the following solutions:

Solution of formalin, 1–20.

Solution of corrosive sublimate, 1–500.

Chloride of lime, 8 oz. to a gallon.

After thoroughly mixing so as to break up all masses in order that the germicide may come in contact with the bacilli, let the vessel stand for an hour before being emptied into the sewer or cesspool, to insure positive sterilization.

Nurses often fail to perform this work thoroughly, on account of the disagreeableness of the same. All sewage before being turned into a stream that may be used for domestic purposes or for irrigating garden truck should be sterilized. All water used by cities which comes from rivers, lakes, or other streams should be sand-filtered before being conveyed to the consumers. No

water should be used from wells which are located within two hundred feet of any cesspool or privy vault without having been first boiled. No typhoid fever patient or convalescent from typhoid fever should be permitted to remain in or about any dairy or other place from which milk or its products are marketed. All streams which supply water for domestic purposes should be thoroughly patrolled to prevent pollution by residents or visitors.

Immunization has been practised by injecting 5 c.c. of serum of a well-immunized horse, which gives protection for several weeks. Another means has been employed, which is similar to Pfeffer's or Haffkine's preventive injections for cholera and the plague. Small amount of an agar culture of typhoid bacilli are sterilized by heat at 55 C., or by one-half per cent. carbolic acid, and injected subcutaneously, which is followed by a rise of temperature, some nausea, dizziness, and chilly sensations. The local effect sometimes is marked by tendernesss and swelling, which may persist for four or five days.

According to the tests of Pfeiffer and Kolle the substances in persons thus injected are as abundant and as lasting as after an attack of typhoid fever. These injections are being tried upon troops, and later we may expect to receive full reports of the results.

By the united efforts of the people of both city and country, this disease may be prevented. The food supply is derived from the county districts, and are clean or infected in proportion to the sanitary conditions of the localities from which they come.

The medical profession generally appreciates the necessity of united action in all sanitary matters, but the laity for want of sufficient information does not consider sanitation worth their attention until some epidemic visits their own homes, and then, as time passes, all is forgotten and the necessary precautions are not taken until another visitation of the disease is encountered. To eradicate this spasmodic and intermittent interest in sanitation let the State give to the State Board of Health advisory and supervisory control of all local boards of health, with uniform laws and their execution, which will teach the people to appreciate that what is to one man's interest in sanitary matters will benefit all, and to work with one aim.—*L. M. Powers, M. D., Health Officer, Los Angeles, Cal., in Practitioner.*

CONSUMPTIVES IN CALIFORNIA.

The California State Board of Health passed a resolution on September 14 declaring that plans should be considered for establishing a quarantine against human beings and domestic animals with tuberculosis entering the State. It would be astounding, indeed, if the plans proposed concerning human beings should mature. Dr. D. D. Crowley, in introducing the resolution, declared that statistics show tuberculosis to be spreading rapidly among native-born Californians. He referred to the constant danger from the large number of consumptives who seek Southern California for their health, and declared that the protection of the State's inhabitants is of more value than the cure of a small percentage of invalids. All this is practical Christianity with a vengeance.—*Echoes & News.*

SOME SURGICAL SUBJECTS.

Emory Lanphear, M.D., Ph.D., LL.D., formerly professor of surgery in the Kansas City Medical College and in the St. Louis College of Physicians and Surgeons, says:

In operating for hare-lip, nevus, or other conditions about the face of a child, much trouble may be saved and infection often prevented by a very simple thing: When the operative work is completed a little cotton is placed around each elbow and a few turns of a plaster-of-Paris bandage made above and below the joint for about three inches. This quickly sets and effectually prevents the child getting its hands to the wound, though it does not at all interfere with movements of the arms, and therefore does not worry the little one as does tying the hands or pinioning the arms.

In the practise of a most careful, skilful surgeon, I recently saw a most deplorable result from improper closure of the abdominal wound. He made an otherwise faultless abdominal section, closing the peritoneum with a row of catgut sutures and then the "through-and-through" silkworm gut stitches so popular with most operators. Persistent vomiting forced the peritoneal edges apart and allowed a knuckle of ileum to become caught beneath the fascia—with fatal obstruction in spite of a secondary operation. Had the method of closure been adopted which I have practised for so long, this accident could not have taken place. It is as follows: When the toilet of the peritoneum has been completed the cut edges are brought together and sewn with fine catgut, great care being taken that no holes are left; then either large catgut or fine silkworm gut sutures are introduced through skin, superficial and deep fascia, and every other one through the raphe of peritoneum formed by the first line of sutures; when enough of these have been put in to close the wound nicely they are laid aside untied, and the deep fascia sutured by a few catgut stitches; then the external sheath of the rectus is similarly sewed (the cut being made when possible through the rectus), and finally the silkworm gut stitches are tied, not too tightly. Pulling apart is impossible, and late hernia almost so.

Too many cases of pleuritic effusion in children are unrecognized—simply for want of careful examination. Every child presenting a history of cough and fever should be subjected to a thorough physical examination. If fluid be found, it should not be aspirated (on account of the danger of infection) until it is absolutely sure that absorption cannot take place under appropriate internal medication. A certain proportion of cases will, however, go on to the formation of pus in the pleural cavity, when the necessity for surgical treatment becomes imperative. Delay means death; or at least sepsis and often bad deformity. Happily, during childhood the graver Estlænder and Schede operations are seldom required, simple incision and drainage being sufficient.

I cannot too strongly urge the importance of doing this operation under the strictest antiseptic precautions, far greater indeed than usually practised by the average practitioner. The reason of this is that a large proportion of empye-

mata may be traced to the tubercle bacillus; and, if upon this there is engrafted a streptococcus or a staphylococcus infection, a death may result which could be prevented by more careful attention to surgical cleanliness. For the same reason the chest must be carefully protected by an abundance of bichloride gauze during the entire period of drainage.

The objection of careless, dirty, and lazy operators to the catgut ligature, viz.: "It cannot be readily and easily sterilized, or, if so, cannot be kept clean," is now removed, and this ever-excellent suture material may now be used by all. In the form of "formaldehyde" gut, as prepared by Hollister, of Chicago, we have a reliable sterilized catgut, put up in sealed glass tubes which are broken in a sterilized towel, so as to avoid contamination of the material by contact with unclean hands, etc., as the gut is needed. Whatever is left over should be carefully wrapped in bichloride gauze until the next operation, when it may be put in the pot with the instruments and boiled just the same as silk. The only objections to catgut which may now be urged are that it is expensive and that it requires somewhat greater care in the aseptic technic. Men who are careless in their methods (and there are scarcely two scores of ideally clean operators in America today) should still use catgut with caution; those who are measureably clean may employ it with fair prospects of good results.

Time was when I believed that removal of pus-tubes by abdominal section constituted the ideal method of treatment. Experience has taught that vaginal hysterectomy is far preferable when the pyosalpinx is double. It should be remembered that the ovaries, not the uterus, are the essential organs of woman; and that the uterus without the ovaries and tubes is an absolutely useless organ — nay, worse than useless, for it remains to be the site of gonorrheal or other infective processes which may render life miserable or a second operation necessary. Therefore, for the past two years I have been subjecting patients with pus in both fallopian tubes to vaginal hysterectomy. The result of this work is such as to convince me that the ideal method for most of such cases is the lower and complete operation. The patients suffer far less from this procedure than from an abdominal section; there is far less danger; convalescence is much smoother; and ultimate results far better. The only objections are that (1) it is much more difficult for the operator — especially for one not entirely familiar, practically, with the anatomy of the pelvis; and (2) women sometimes will not consent to the removal of the womb. This operation is undoubtedly destined, in spite of these objections and the opposition of enthusiastic celiotomists who prefer the easier to the better way, to become the chief method of relief of chronic pelvic suppuration.

Some seven years ago, following Lannelongue's experiments, I operated upon twenty-two microcephalic and other idiots with varying results. Some died within a short time, most remained unaffected, a few greatly improved, none were cured. So, after watching the progress of these patients for some years, I most unhesitatingly condemn operation save in

exceptional cases of microcephalus. Recently, there has been an attempt on the part of some ambitious operators, endowed with more enthusiasm than good sense, to revive the Lannelongue operation for idiocy. I sincerely hope that few doctors will take their idiotic patients to these surgeons, for nothing but disaster or failure can be expected, save in possibly a very few instances of microcephalus, where decided improvement (though never a brilliant result) occasionally may follow double craniectomy.

A question more frequently asked of the operative gynecologist than perhaps any other is: Can cancer of the uterus be cured? I can most positively answer this in the affirmative. Cancer of the womb can be cured by early operation; nearly all may be relieved — life being prolonged from one to three years and suffering greatly diminished. I can speak emphatically in regard to this matter, as I have operated considerably more than 200 cases, with a very low primary mortality and a comparatively small percentage of recurrences. While it is true that in more than half of the patients the disease was but temporarily arrested, in many an undoubted cure has been secured; for five women have lived more than nine years, nine others more than seven years, and nearly thirty others more than five years. In every one of these cases the diagnosis was fairly plain at examination, and the microscope confirmed the existence of cancer. Surely, results such as these warrant us in maintaining that cancer of the uterus can unquestionably be cured by early operation.

In view of this, I hope every reader will henceforth look more carefully into every suspicious case, and if any evidences whatever are found pointing to cancerous disease, refer the patient to some competent operator. Waiting until the trouble can be positively diagnosticated by pain, fetid discharges, etc., usually means death. Every woman who has an irregular menopause, and especially every woman past forty who has excessive uterine hemorrhages should be subjected to the most careful and repeated examinations for evidences of cancer, and in every case of doubt the advice of a specialist should be sought. The reliable gynecologist is not going to advise unnecessary operation; the conscientious surgeon is not going to make a hysterectomy just for the fee; but in every instance the patient should be given the benefit of the doubt. Vaginal hysterectomy, properly performed, is not a dangerous operation. Operation too long delayed invites disaster. — *The Alkaloidal Clinic.*

TYPHOID BACILLI IN THE URINE OE TYPHOID FEVER PATIENTS.

1. In quite a high percentage, perhaps from 20 to 30 per cent. of all cases of typhoid fever, typhoid bacilli may be present in the urine.

2. When present they are usually in pure culture, often so numerous as to make the freshly voided urine turbid, and may then be detected by a coverslip examination.

3. Appearing generally in the second and third week of illness, the organisms may persist for months or years, probably multiplying in the bladder, the urine

being apparently a suitable medium for their growth.

4. Though often showing evidence of cystitis or a marked renal involvement, the urine containing bacilli has usually only the characteristics of an ordinary febrile urine; the presence of bacilli has no prognostic importance, and their disappearance or persistence without having induced local change is the rule.

5. Lastly, as shown by Richardson, irrigation of the bladder with bichloride of mercury and the internal administration of urotropin, a compound of ammonia and formaldehyde, seem to be safe methods of removing the bacilli; thirty or sixty grains of the latter quickly removing all bacilli in six cases.— *Johns Hopkins Hospital Bulletin.*

OPERATIONS FOR HEMORRHOIDS.

Dr. H. J. Schiff reports the successful treatment of seven cases of hemorrhoids, cured by the following procedure:

Each tumor was removed by encircling it with an elliptical incision; all bleeding vessels were ligated; and then the mucous membrane and skin were united by catgut sutures, in order to obtain union by first intention. The doctor makes these claims for this operation:

1. The patient is well in three to five days.

2. There is less post-operative pain.

3. By the fourth or fifth day the patient is able to attend to his ordinary duties.

4. There is less danger of secondary hemorrhage than after the clamp and cautery or ligature operations.— *Medical Record.*

PROLAPSE OF ANUS IN INFANTS.

Dr. Hajech recommends for chronic prolapse of the rectum, which is so frequent in infants, a procedure which has succeeded even in severe cases. It consists in introducing pieces of ice into the anus while the prolapsed intestine is being reduced. For this purpose small truncated cones of ice are used, from 7 to 8 cm. long, and having a diameter at the base of 2½ to 3 cm.

One of these suppositories is enveloped in iodoform gauze, the summit of the cone is passed into the center of the prolapsed gut, and the latter gently reduced. This procedure is not at all painful, and the tampon is not usually expelled. After each movement a new piece of ice, surrounded with iodoform gauze, is inserted. The prolapse recurs less and less often and soon ceases.— *Sem. Med.*

ARTIFICIAL IMPREGNATION.

The French novel, in which the central theme of the story devolved upon an act of artificial impregnation by a syringe, seems to be finding an echo in some recent achievements of veterinary science. The artificial impregnation of mares is now becoming a common expedient through the encapsulation of the seminal fluid of the horse. It has been found that under proper precautions the spermatozoa have a long vitality, and that a capsule containing them can be used efficaciously. This is a suggestive experiment. To be the son of a gun was bad enough, but to acknowledge a capsule for the progenitor would soon be fatal to the pride of pedigree.— *Medical Age.*

"OLD COLLEGE BUILDING."

How dear to our minds is the old college building,
When fond recollection presents it to view,
The battered brick walls and the deep-worn stone door-step,
The dark, dreary walls which as students we knew.

The small, dirty office, the cracked marble mantel,
The portrait of Miller which hung on the wall,
The great blazing fireplace, the coal-scuttle by it,
The janitor's bell on the door to the hall.
The old college building, the fast crumbling building,
The ramshackle building now doomed soon to fall.

The chemical lab., with its stale old reagents
And cheap muslin formulæ tacked on the walls,
Pathologic lab. and the prof.'s private sanctum,
Where mice and small pigs gave their lives for the cause.
The other labs., too, all so darksome and gloomy,
In rooms so unfitted, and in winter so cold.
The rickety stairway, the soot-covered ceilings,
The huge coliseum where lectures they'd hold.
The infected old building, the germ-laden building,
The foul-smelling building, so decrepit and old.

How well to our minds now comes the odor
Of the old college building of which we've been told.
With awe and what fear we first saw a cadaver,
How we longed for fresh air and still tried to be bold.
The old colored jan., the bibulous Henry,
Unique in his way, his deals hard to expose,
A "bluff" without peer, and a natural actor—
What a loss to the school only time will disclose!
The ill-kept old building, the rat-haunted building,
The barn-like old building which our memory knows.

The final "exams." and the cheap yellow paper,
The "ponies" compiled with such scrupulous care,
The vigilant prof. and how deftly we fooled him,
With close-written cuffs and the "reels" we'd prepare.
The fellows who flunked and whose spirits we bolstered
With ice-cold libations from a corner near by.
The fortunate lads and that night of wild pleasure,
The convivial boys whose nerve tension was high.
The dirt covered building, the smoke-begrimmed building,
The old Wooster building for which others may sigh.

The faculty then, and the many good teachers
Whose free labor has made the great school of today.
The ambitious hopes and the well-nurtured plans
Of the true, faithful band who served not for pay.
The hard-working doctors, the loyal professors,
The friendly good men always cheerful and kind,
The personal tales and the oft racy stories
And forgotten advice which now comes to mind.
The old college building, the well-beloved building,
The old Wooster building where a welcome we'd find.

—*G. H. Fitzgerald, M.D., Cleveland Med. Gaz.*

HOW TO CURE A COLD.

First, stop eating. The system is overloaded with impurities, and they must be eliminated. Fast until these poisons can be disposed of in a natural manner. Take long walks, drawing in many deep, full breaths; exercise every muscle of the body, that the circulation may be quickened and every part of the body thoroughly cleansed by this accelerated circulation. Bathe at least once a day, rubbing the surface of the body briskly all over for five or ten minutes.

After missing from two to three meals, if a ravenous appetite is acquired, it is of course desirable to indulge this appetite, but in moderation. Under no circumstances should the stomach be gorged, and those foods which are unwholesome or but moderately nutritious should be avoided. — *Medical Press.*

INDIGESTION OF INFANTS.

Indigestion of infants is too frequently ignored by parents, especially young mothers, until at last is engrafted gastro-intestinal catarrh, when at once they become alarmed, and justly, too, and seek advice, either from the tradition-burdened grandmother or the physician. It is the physician's luck to be called after all domestic means have failed. He is supposed to effect a cure forthwith, even though he first has to

remove the trouble caused by lotions, potions, etc., which have been administered by the mother. If the mother had as vigorously watched the cause of the disturbance (faulty feeding) as she applies home remedies, the chances are that the child would have had no trouble. Infant feeding, then, should receive careful study by the mother, and attention be paid to the details of hygienic care. These measures would do much toward preventing indigestion and gastro-intestinal catarrh.

Treatment, too, of the diarrhea which becomes a factor in the prognosis should also receive attention. The use of mineral acids, bismuth and pepsin, is well known, and also the use of lactopeptine, which has been commended by J. Lewis Smith, who attests its usefulness in these cases.—*Medical Times.*

CANCER OF THE STOMACH.

The following rules are suggested upon which to base a positive diagnosis of cancer of the stomach:

1. If particles of tumor are found (in the wash-water or in the tube) which under the microscope reveal the characteristic picture of a malignant growth.

2. The presence of a more or less large tumor with an uneven surface, belonging to the stomach and associated with dyspeptic symptoms.

3. The presence of a tumor associated with frequent hæmatemesis.

4. Constant pains, frequent vomiting, ischochymia, emaciation—all these symptoms being quite permanent and not extending over too long a period of time (six months to a year).

5. Tumor and ischochymia.

6. Emaciation, ischochymia, presence of lactic acid.

7. Constant anorexia and pains, not yielding to treatment, accompanied by frequent small hemorrhages of coffee-ground color.—*M. Einhorn, in New York Medical Journal.*

THE DUM DUM BULLET.

Professor Bruns, at the German Congress, described these projectiles. He said that they were originally coated with nickel, but, as it was found that the enemy's soldiers when wounded were not invariably disabled, the nickel coating was filed away from the top of the bullet. In fact, the nickel covering enabled the bullet to pass through the body, making only a relatively small wound, but when this covering was removed from the top the lead was flattened out as soon as it struck the body, by which flattening the remainder of the covering was burst open in an explosion-like way, inflicting wounds of an astonishingly severe character.—*Record.*

EXPECTORATION CHEAPER IN HOBOKEN.

Some time ago an ordinance was adopted by the health board of Hoboken, N. J., says *Medical Record*, imposing a fine varying from $10 to $25 upon any person who expectorated upon the floor of a street-car, ferryboat, or any other public conveyance or public building. The law was frequently violated, but no one was ever punished, and it was thought that the police refrained from making arrests because the public considered the penalty too severe for the offense. The health board has, therefore, reduced the fine to $3.

ALCOHOLISM AMONG CHILDREN.

The German authorities at Bonn some time ago had an investigation upon alcoholism among pupils in the primary schools, which shows a startling state of affairs. Sixteen children out of one hundred did not drink milk, and absolutely refused to drink it because it had no savor. Of 237 pupils, seven to eight years of age, there was not one who had not drunk wine, beer, or whisky, although twenty-three per cent. had never tasted whisky, but habitually drank beer or wine. Eight per cent. of these children were given their glass of whisky every day by their parents that they might become strong. As a result of these investigations it was proved that children most accustomed to alcohol showed the least intelligence; children who had their morning glass of whisky and found no savor in milk showed it by great inattention during the morning hour. A curious fact shown by this investigation was that young girls who took whisky with their breakfasts were more numerous than young boys.—*Medical Age.*

THE TREATMENT OF WHOOPING-COUGH.

At a recent meeting of the New York Academy of Medicine, C. G. Kerley in a paper on whooping-cough said that every case of whooping-cough may be relieved, either by modifying the severity or diminishing the number of the paroxysms; the duration of this disease is probably not shortened by treatment; remedies sedative in character, with fresh air, give the best results; if the remedy is to be of service, its beneficial results may be noticed within twenty-four to forty-eight hours. The best results are obtained when antipyrin and the bromides are commenced at the height of the paroxysmal stage and then pushed vigorously; being sedative in character, the good effects may be lost in a prolonged case; children may have whooping-cough and never whoop.—*Medical Age.*

DECOMPOSITION OF CHLOROFORM.

Pure chloroform was decomposed in the presence of artificial light during an operation. The room in which the operation was being performed was small, not ventilated, warmed by an oil stove, and illuminated by an oil lamp and a candle. Some of the chloroform was accidentally spilt, and almost immediately a most pungent, disagreeable smell was noticed, whilst the whole respiratory tract was affected. Violent attacks of coughing seized the operator and his assistants, and it was five days before the irritative effect passed away in one case. The room was pervaded by a strong odor of chlorine the morning after the operation.—*Lancet.*

"What do you do for a living?" asked a lawyer, frowning horribly at a hatchet-faced young man who was undergoing cross-examination.

"I, sir," answered the witness, hastily diving into his side-pocket, "am the agent for Dr. Korker's Celebrated Corn and Bunion Destroyer. Greatest remedy of the age; used by all the crown heads of Europe; never known to fail to remove the most obstinate corn in less than twenty-four hours, or money cheerfully refund—"

Here the court interfered.—*Indianapolis Journal.*

ON ACIDITY.

J. F. Goodhart believes that all the clinical forms of acidity are due simply to uric-acid excess. This acid should be regarded as an ash common to the various metabolic processes going on in the body. The causes of the condition which presents itself for treatment include visceral sluggishness from nervous exhaustion, an hereditary condition which works itself out in gouty attacks, a sudden shock, an exhausting illness, an early defect of the kidney, or a primary manifestation of advancing age. The author finds that many persons who try to remove their acid tendencies by strict adherence to a vegetable diet will find far quicker relief from a diet containing a generous allowance of beef and mutton and less vegetable matter. The article is written in an attractive vein, and is a protest against wholesale dietetic rules without reference to the problems in each individual case.—*The Lancet.*

MICROBES IN THE BEARD.

Dr. Schoull, of Tunis, has discovered that the beard is simply a "happy hunting-ground" of bacilli. He has proved it upon the guinea-pig, whom he has inoculated with the "material obtained from beards and mustaches," with results distressing to the guinea-pig and alarming to those who had been in more or less contact with the beards and mustaches aforesaid. This is a very disagreeable discovery, and may seriously affect the popularity of a form of facial adornment which has hitherto been regarded as open to no other objection than that it is a nuisance to its wearer when in the act of taking soup. But what are a few shreds of vermicelli compared with a whole army of able-bodied bacilli lying in ambush for their victims, and, what is more, ready to make victims of anybody who happens to come within their range?—*Sanitarian.*

DYSMENORRHEA.

Edward E. Montgomery divides dysmenorrhea into obstructive, congestive, inflammatory, and nervous. In the first three forms the most effective method of treatment would consist in the institution of measures with a view to the correction of the condition. Fibroids should be removed. Dilatation and curettage should be performed for obstruction and inflammatory conditions. In the neurotic cases the rest treatment and change of scene are invaluable. Arsenic, quinine, strychnine, good diet, and large quantities of water are most advantageous in these cases.—*International Medical Magazine.*

"Baby was taken very bad while you were out, mum," said the new servant girl.

"O dear!" said the young wife. "Is he better now?"

"O, he's all right now; but he was bad at first. He seemed to come over quite faint; but I found his medicine in the cupboard—"

"Found his medicine! Good gracious! What have you been giving the child? There's no medicine in the cupboard."

"O yes, there is, mum. It's written on it."

And the girl triumphantly produced a bottle labeled, "Kid Reviver."—*London Tit-Bits.*

TREATMENT OF DYSMENORRHEA BY BELLADONNA.

Wm. Murray, M. D., F. R. C. P., says that whether dysmenorrhea is due to spasm, or to mechanical obstruction plus spasm, or plus neuralgia, or plus congestion, there is a large field for belladonna. A patient under its influence is not likely to suffer from spasm, so that the spasmodic element can be eliminated by a dose or two. If the pain still continues, other elements—mechanical or congestive—are present, as the neuralgic element is also, to a great extent, eliminated by the belladonna. The best method of using the drug is as a suppository of one or two grains of the extract, repeated every two or four hours. The suppository should be used as soon as the first sign of pain indicates the molimen. Every woman who suffers ought to have this remedy at hand.—*Medical Review.*

When one apologized to the Rev. Charles Marriott by saying, "I'm afraid I made a fool of myself last night," it could not be very comforting to hear in reply, "My dear fellow, I assure you I observed nothing unusual." Nor could it have been wholly agreeable to the clergyman, who told a lady that he had once taken a little strychnine to clear his brain, when she asked him, "How soon did the effect pass off?"—*Exchange.*

According to the "Albany Medical Annals," Charles Dudley Warner says that the difference between the "faith cure" and the "mind cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind.

SCIATICA.

I suffered from sciatica and rheumatism the torments of hell for six weeks, cured in less than three minutes by rubbing in from hip to heel half an ounce carbon bisulphide. Give it to suffering humanity.

A gentleman from Canada called to see me, saw my intense sufferings, and told me a wealthy man spent a large fortune in trying to get cured of rheumatism, and ten cents' worth of the above cured him. Like a drowning man grasping a straw, I tried it, and was well before I got dressed.—*Dr. W. S. Cline, in Alkaloidal Clinic.*

ENZYMES AND IMMUNITY.

Charles T. McClintock states that after looking over all the evidence, which is voluminous, it appears to him to be fairly well proved that the body does destroy disease germs and organisms with enzymes. As to toxines, the evidence is not so conclusive, although many facts indicate the probable truth of the enzyme explanation. The writer believes that modern investigators are pursuing the right methods and little by little are learning how the tissues combat disease-producing agents. — *Medicine.*

"What happens to be the matter with your father?" inquired the doctor, as he hastily put his clothes on.

"He's got the lumbago," replied the boy. "I think that's what maw says it is."

"Pain in the small of the back, I presume," said the doctor.

"No, sir; he hain't got no small of the back. My paw weighs 284 pounds." — *Virginia Medical Semi-Monthly.*

EFFECT OF POISONS IN SMALL DOSES.

In spite of the progress of knowledge in the domain of toxicology, there seems to be a lingering determination on the part of some members of the medical profession to cling to the early, crude notions of pre-scientific times regarding the absoluteness of the poisonous properties of toxic agents. In common with the laity, they seem to hold that poisons are poisons in all and every proportion, however administered. Why they thus bid defiance to their own experience it would be difficult to surmise. Confront them with the problem in its bold form as here outlined and they would probably deny entertaining such an idea; but whenever they undertake to solve for themselves some problem that deals with poisons in exceedingly minute amounts they seem naturally to gravitate into the old and superstitious notion. The medical advisers of health boards and of State dairy commissioners should be careful of this trend, but we regret to notice that there have been instances where they have not been sufficiently on the alert regarding it. So-called reformers are often swayed in their conclusions by the same false notions. In every such instance they lose sight of that fundamental fact of physiology which declares that a stimulated cell, tissue, or organ is toned and strengthened by the stimulation, providing it is not excessive. It is the going beyond the point of physiological stimulation that does harm. Destructive agents and stimulating agents are the same. They only differ in degree. This is why electricity, heat, cold, massage, and exercise are beneficial. All of these up to a certain point of their action bring benefit to the system, but as soon as that point is transcended damage results. Apply a strong enough current of electricity and it will kill. While it is impossible for us to live without a certain degree of heat, yet an excess of it would destroy us. Use cold enough, and the life would be frozen out, but during hot weather a little is quite agreeable. Let the masseur use undue violence in the exercise of his art, and instead of benefiting he would harm or kill his patient. Exercise within physiological limits is beneficial, but as soon as such limits are transcended harm results, and, if carried too far, death will be the inevitable end. According to the French savant, M. Paul Bert, if the oxygen of the air, without which we cannot live a minute, is administered pure and under pressure, it is more fatal than an equal weight of prussic acid. There is no line of demarkation between beneficial stimulation and destructive activity. They merge into each other by inappreciable degrees. Losing sight of this fact has led the ultra-temperate to assail harmless indulgence of certain habits with harmful overindulgence. They do not attempt to discriminate between the two extremes. Some of them go so far that they condemn the use of tea and coffee as injurious. One class of such reformers even assails the use of salt upon our food. Quite a large party of them denounce the use of tobacco as a deadly poison, destructive to health and reason. In defiance of all their claims stands the fact that the average tobacco user seems to live long and appears to be as healthy as the non-users of the "weed." That nicotine, the active principle of tobacco, is a poison, and a most virulent one

at that, no one can successfully deny. That it is poisonous in small amounts may be safely questioned in the presence of human experience with it. The fact is that this, like every other substance and force by which we are surrounded, is either destructive, harmful, harmless, or even beneficial, according to the quantity used and how it is used. It is the method of giving and not the thing given that brings disaster to the user. Everything we eat and drink can bring us harm or act as a poison, in accordance with the amount used and the way it is used. There are no absolute poisons, and the conception that certain things are poisons *per se* is only worthy of the unscientific age in which it was born. Like tobacco, alcohol has been denounced as a poison in all and every proportion in which it can be used. There is certainly no known fact of science to bear out any such conclusion. Professor Atwater has shown that in sufficiently small amounts it is oxidized in the body, and thus imparts energy to the organism. Perhaps this may prove to be true of every organic substance known. It is not at all unlikely that this is the case. However, this result of Atwater's experiments but shows that there is no fixed line of demarkation between poisonous and non-poisonous substances.

Another fact that bears out this contention is that the system always shows a marked ability to adapt itself to poisons slowly and gradually ingested in small amounts. Amounts of morphine that even transcend the limits of mere stimulation can be endured in gradually increasing proportions. Alcohol up to the point of cell irritation can be endured, and the amount of such endurance is a gradually growing one. Bacteriologists have shown us that immunity to disease is mainly due to an acquired tolerance toward the poisons generated by the germs of disease. Immunity to inorganic poisons seems to be more difficult to acquire than to the organic, but even these we can become accustomed to, so that they can be borne in slowly increasing amounts with impunity. In view of such facts as these, is it not strange that there should be so determined a crusade against a few quite harmless bactericidal substances that have been used as protective agents against the germs in perishable articles of food?

These same people that encourage this crusade eat peaches, cherries, almonds, plums, thereby taking into their systems small quantities of deadly prussic acid, and fear no evil. Food preservatives are far less dangerous than this and many other things found in natural food. Multitudes consume for years tons of food protected with food preservatives without harm, but the logic of fact is lost upon the would-be reformers. To be consistent these people should forbid breathing, because large, concentrated doses of oxygen kill. They should forbid fires in houses because intense heat kills. They should prohibit the practise of massage because violence not infrequently kills, or the drinking of ice-water because intense cold is apt to prove fatal. They should even stop eating, because excess of food is injurious. — *Editorial from Merck's Archives.*

TREATMENT FOR SUPPURATION OF THE MIDDLE EAR.

Together with the use of the fountain syringe for douching these cases, says Dr. Eugene Smith, I have found great benefit from a two to five per cent. solution of mercurol, used once or twice a day. I usually fill the external meatus with it, after cleansing, and, while the ear is full, gently press the tragus backwards into the meatus, the idea being to force the medicine into the middle ear, through the perforation. The same idea may be carried out with a piece of absorbent cotton on a probe, or held in forceps and used as the piston of a syringe.— *The Leucocyte.*

TREATMENT OF TETANUS.

In the treatment of tetanus prevention is, naturally the first point, and, as tetanus in aseptic wounds is quite unknown, it is clear that strict purification of wounds likely to be infected with the tetanus bacillus must be carried out. Hence, in all cases where a wound is soiled with earth and where lacerated wounds have occurred from falls in stables, gardens, etc., the wound must be very thoroughly purified, a nail-brush being used to scrub away earth and the whole wound thoroughly sponged out with undiluted carbolic acid.—*Manual of Surgical Treatment.*

HYGIENE OF THE EYES.

A famous oculist once gave this advice to a lady who consulted him about her eyes: "Use much cold water in washing the eyes. It is a tonic to them. One's sight begins to fail as the eyeball begins to flatten, so when you bathe the eyes gently squeeze them from side to side—the forefinger at the side of the nose, the thumb at the opposite side of the eye—and thus the convexity will be preserved. When the eyes are weary give them a rest, and, if they smart, bathe them with a weak salt water, allowing it to go inside the lids."—*Health, London.*

"Two turnips make a quart; did you know that, mother?"

"Indeed, I don't know any such thing; it depends on the size of the turnips; there might be two, and there might be five times as many."

"No, there couldn't; the singing teacher told us today that there were always two turnips in a quart; no more and no less."

Curious inquiry revealed the fact that the teacher had said, "Notice, children, there are two beats to a measure."

A MIRACLE.

FIRST LADY: I hear that you have been very ill.

SECOND LADY: O yes, I was. I had three doctors, but, being naturally of a strong constitution, I recovered in spite of it all.—*Pharmaceutical Era.*

SMITH: I saw you carrying home a couple of nice-looking cucumbers last night, Brown; how much did they cost you?

BROWN: I don't know yet. The doctor is up at the house now.

SUNDAY-SCHOOL TEACHER: And Samson pushed asunder the pillars, causing the temple to collapse.

JOHNNY UPDATE: But I'll bet it was Schley that really did the trick.

PRESERVATIVES OF MILK.

As the result of an investigation undertaken for the purpose of determining the harmfulness of boric acid and formalin when used as preservatives of milk, Annett, in the *Lancet*, has found that these chemicals, when so used, are injurious to the health of the consumer, and particularly so to that of young infants. Further, it is easy to conceive that the great mortality rate among infants from diarrhea in many large towns may be closely connected with the practise, especially during the summer months, of systematically "doctoring" milk by means of the preservatives used by milk purveyors, dairymen, and milkmen.—*Record.*

PREGNANCY IN UTERINE TROUBLES.

The New York correspondent of the *Interstate Medical Journal* for March, after relating a case of minor gynecological operation speedily arrested by the discovery that pregnancy was the trouble, continues: "It is to be regretted that some benefactor of humanity does not endeavor to discover some new diagnostic points in regard to pregnancy and tumors, instead of always seeking some new operation. This suggests another incident. A woman brought action against the Omnibus Cable Company, in a western State, for damages for injuries alleged to have been received by her in the derailment of one of the cable-cars. Some months before the trial the woman was examined by six physicians for the purpose of ascertaining her physical condition. At the trial several of these physicians testified that they had ascertained during the examination that she was suffering from a tumor, either ovarian or uterine, about the size of a cocoa-nut. There seemed to be no dissent as to the existence of the tumor. The family physician testified that the tumor had increased in size until it had become four times as large as when the examination was made. The defendant contended that the ailments were caused by the tumor, and not by the accident of the cable-car. On the other hand, the plaintiff sought to show that the tumor was the result of the accident. Ten days after the trial the woman gave birth to a child at full term. It was afterwards admitted that she had not been suffering from a tumor at all.—*New York Medical Journal.*

RUSSIA'S STUPENDOUS ANTI-ALCOHOL CAMPAIGN.

It is now five years since the Russian government assumed exclusive control of the manufacture and sale of alcoholic liquors. In nearly all the provinces the saloon has been supplanted by the government shops, in which a guaranteed pure article is sold in a limited quantity to each customer. None is sold to those already intoxicated. These shops are located quite a distance apart, and no one is allowed to drink liquor on the premises where sold. The system is supplemented by officially appointed local committees in each large town, which are supplied with funds to establish attractive temperance restaurants, reading-rooms, and people's palaces. They are expected to maintain a general crusade against the use of alcohol. A portion of the enormous profits of the liquor monopoly is devoted to this purpose.— *Journal American Medical Association.*

CHRONIC MIDDLE EAR SUPPURATION.

Chronic middle ear suppuration requires for its successful treatment, according to Dr. Wilhelm Grosskopff, the preliminary removal of all pathological growths from the upper air passages. The direct treatment he begins by daily irrigation with simple boiled water or a 3 per cent. solution of boric acid. The outer ear is then carefully dried and finely powdered boric acid is blown in through the perforations in such a manner as to leave a very thin layer on the drum membrane in their vicinity. To small and high-lying perforations liquid applications are made, such as alcohol, pure or diluted, 2 per cent. solution of tannic acid, or solution of silver nitrate. Better results are said to be obtained by an occasional change of application than by adherence to any particular one. In some cases of persistent suppuration recourse has been had to trichloracetic acid, both pure and in 50 per cent. solution, but the results were unsatisfactory. The drug proved very efficient, however, as an aid in closing perforations after the cessation of suppuration, eleven complete and one partial closure resulting in the seventeen cases in which it was employed for that purpose. Occasionally, its application had to be temporarily suspended on account of renewed suppuration, which did not, however, interfere with the progress of the closure.

GREAT RUSH FOR ANTITOXIN.

The papers say that more than the 30,000 bottles of diphtheria antitoxin have been distributed in Massachusetts since March 31, 1899, and that two-thirds of the whole supply has been used at the Boston City Hospital. Let us not talk about the nauseating messes and superstitious medical mummeries of olden times, when this putrid product of diseased horses is scrambled for with such avidity. We see it stated that "antitoxin is now universally recognized by the medical profession." That, of course, is a ridiculous falsehood; it is forced upon the doctors largely through the influence of "boards of health," and most of them would not wager a pin's worth that there was any virtue in it. Many doctors use it because it is so "boomed" before the public that their patients expect it, and they fear to refuse to use it.—*The New England Antivivisection Monthly.*

TREATMENT OF SORE NIPPLES AND OF MASTITIS IN LYING-IN WOMEN.

Rubeska, in *Arch. f. Gynekol.*, Vol. LVIII, No. 1, writes upon this very practical topic. He advises washing the nipples daily with soap and water during pregnancy. If the nipples are not prominent enough, they must be stretched by means of the breast-pump, and they must be washed daily with alcohol and with glycerine alternately. If fissures have formed, they may be covered with boric acid compresses which are kept moist by a layer of rubber tissue over the wet gauze. A nipple shield must be used during nursing. In case of incipient mastitis, a bichloride compress, removal of the milk by the pump, and applications of ice to the breast are recommended. If the signs of inflammation do not disappear, the writer uses injections of a 3 per cent. solution of carbolic acid into the parenchyma of the mammary gland.—*Pediatrics.*